

Weekly Sleep Diary

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Daytime Activities & Pre-Sleep Ritual (Fill in each night before going to bed)							
Exercise What did you do? When? Total time?							
Naps When? Where? How long?							
Alcohol & Caffeine Types, amount and when							
Feelings Happiness, sadness, stress, anxiety; major cause							
Food & Drink (Dinner/snacks) What and when?							
Medications or Sleep Aids Types, amount and when							
Bedtime Routine Meditation / Relaxation? How long?							
Bed time							

Weekly Sleep Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Sleeping & Getting Back to Sleep (Fill in each morning)							
Wake-up Time							
Time Spent in Bed Not Sleeping What did you do? (e.g., stayed in bed with eyes closed, meditated, etc.)							
Sleep Breaks Did you get up during the night? If so, what did you do?							
Quality of Sleep & Other Comments							
Total Sleep Hours							