Sleep Journal

Fill out this sleep journal every morning for 1 to 2 weeks. It can help you see what gets in the way of a good night's sleep. It could also help your doctor know more about what affects your sleep.

Day	1	2	3	4	5	6	7
What time did you go to bed last night?							
How long did it take to fall asleep?							
What time did you get up?							
Did you wake up during your sleep time? How many times? For how long? Did you get out of bed?							
How much total sleep did you get?							
How tired do you feel, on a scale of 1 to 5? (Very tired = 5)							
Overall, how tired did you feel yesterday, on a scale of 1 to 5? (Very tired = 5)							
How unusual or stressful was your day yesterday, on a scale of 1 to 5? (Very unusual or stressful = 5)							

Day	1	2	3	4	5	6	7
What did you do during the 30 minutes before bed?							
Yesterday, did you: Take any naps? How long? When?							
Yesterday, did you: Drink alcohol? How much?							
Yesterday, did you: Have any caffeine? How much? When?							
Yesterday, did you: Do any physical activity? What? When?							
Yesterday, did you: Eat big or spicy meals? What? When?							
Yesterday, did you: Take any medicines, including over-the-counter or herbal ones? What? When?							