Sleep Diary *(SAMPLE)*

Use this form to keep track of your progress. Each morning, place a checkmark in the box beside the strategies you used the day before and then rate your overall sleep quality for that night.

WEEK: _____ *March 24th to 30th* _____

Sleep Strategy	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Comfortable sleep environment	√	√	√	√	√	√	√
Relaxation exercise							
Light bedtime snack							
Exercised late afternoon or early evening (but at least 2 hours before bed)		√		√		√	
Followed bedtime routine							
Woke up at set time	√	√	√	√	√		
Went to bed when sleepy							
Used bed only for sleep							
Got out of bed if not asleep within 20-30 mins.							
Avoided caffeine, alcohol, and smoking at least 4 hrs before bedtime	√	√	√	√	√	√	√
Avoided naps		√		√		√	
Natural light in the morning							
Other strategy (specify):							
Quality of sleep: Rate from 0 to 10 0 = poor sleep/restless and unsatisfying 10 = no sleep problems/restful and satisfying	4	6	3	5	3	6	4

Comments: *Slept better on the nights I exercised in the afternoon. Trying to wake up at 7 am every day, woke up a little later on the weekend. Avoiding caffeine seems to be helping. Will try establishing a bedtime routine next week.*

Sleep Diary

Use this form to keep track of your progress. Each morning, place a checkmark in the box beside the strategies you used the day before and then rate your overall sleep quality for that night.

WEEK: _____

Sleep Strategy	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Comfortable sleep environment							
Relaxation exercise							
Light bedtime snack							
Exercised late afternoon or early evening (but at least 2 hours before bed)							
Followed bedtime routine							
Woke up at set time							
Went to bed when sleepy							
Used bed only for sleep							
Got out of bed if not asleep within 20-30 mins.							
Avoided caffeine, alcohol, and smoking at least 4 hrs before bedtime							
Avoided naps							
Natural light in the morning							
Other strategy (specify):							
Quality of sleep: Rate from 0 to 10 0 = poor sleep/restless and unsatisfying 10 = no sleep problems/restful and satisfying							

Comments:_____

_____