

How to Use the Sleep Diary:



Step 1:

Complete the diary, filling in the required information for at least one week.

Step 2:

Look at the results. Are you getting seven to nine hours of sleep per night? Are you feeling refreshed when you wake? If not, why? A late bedtime? Too

long to fall asleep? Drinking caffeinated beverages within five hours of bedtime? Too many naps during the day? Try to identify any patterns, practices, or events that may be preventing you from getting a good night's sleep. Look for connections between your actions and the results.

Step 3:

Consider changes. Can you make changes? Some may be easier than others. For example, you may find that a cup of coffee at 9 p.m. may be affecting your ability to sleep. As a result, you may need to cut out the coffee, or switch to decaf. Or, you may find you are thinking about the next day's schedule as you try to fall asleep. To avoid this, you may have to spend 15 minutes planning out your schedule before going to bed.

Step 4:

Decide if you need additional help. After making some changes, you may find that you are still having sleep difficulties. This is the time to contact your health care provider. Bring the completed sleep diary to your appointment to provide your health care provider with valuable information about your sleep habits.

REFERENCES:

National Sleep Foundation (2005). National Sleep Foundation Sleep Diary. Retrieved April 9, 2010, from http://www.mckinley.illinois.edu/Handouts/pdfs/Sleep_Guide_Diary.pdf

National Sleep Foundation (2005). Sleep Hygiene. Retrieved April 9, 2010, from <http://www.sleepfoundation.org/article/ask-the-expert/sleep-hygiene>

Sleep Diary



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Sleep is the golden chain that ties
health and our bodies together.

~ Thomas Dekker (1572 - 1632)

To help improve the quality and quantity of your sleep...

keep track of your sleeping habits over a period of one to two weeks. Using a sleep diary will help identify any patterns, practices, or events that may contribute to your sleeping problems.



	Example	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day, date	Mon., Jun 21							
Work hours	8 a.m. – 5 p.m.							
Bedtime	11:30 p.m.							
Wake up time	6:30 a.m.							
Time in bed before lights out	30 minutes							
Approx. time to fall asleep	15 minutes							
Number of hours I slept	6.25 hours							
How many times did I wake up?	2 times							
When I woke up I was (circle one):	Refreshed <u>Tired</u>	Refreshed Tired	Refreshed Tired	Refreshed Tired	Refreshed Tired	Refreshed Tired	Refreshed Tired	Refreshed Tired
When & how long were naps?	6:00 p.m. for 1 hour							
Medications taken - time & amount	None taken							
Caffeinated beverages consumed	Morning 1 Afternoon 2 Evening 2	Morning Afternoon Evening	Morning Afternoon Evening	Morning Afternoon Evening	Morning Afternoon Evening	Morning Afternoon Evening	Morning Afternoon Evening	Morning Afternoon Evening
Alcoholic beverages consumed within five hours of bedtime (circle one):	Yes or <u>No</u>	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
Food eaten within three hours of bedtime (circle one):	Yes or <u>No</u>	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
Number of minutes of activity or exercise including time of day	30 minutes of walking at lunch							
Anything on my mind that might prevent me from sleeping	Worried about ill parents							