CAREOPS MAEUMI

My sleep diary

A4 blank worksheet | Date: _____

Write only what you want to keep. Leave uncertain parts blank. There is no score or correct answer.

1. Which night and morning?

Note the night and following morning this entry covers.

2. Bedtime and settling to sleep

Note roughly when you lay down, how long settling felt and what was on your mind. You do not need to watch the clock overnight.

3. Waking overnight and getting up

Record awakenings, final waking and leaving bed as far as you remember.

4. Naps, sleepiness and daily life

Describe naps and any effect on concentration or activity.

5. Other conditions worth noting

You can record caffeine, alcohol, exercise, stress or medication use. Do not change medication based on this note.

6. A question for your appointment

Leave one question about a pattern or concern.

Approximate times are enough; you do not need to watch the clock overnight. Bring several days of notes to your professional. This sheet does not set a sleep restriction schedule or change medication.

Further reading: NHLBI Sleep Diary - nhlbi.nih.gov/resources/sleep-diary