

Sleep Diary



Use this sleep diary to help you track the quantity and quality of your sleep for one week. This tool may help you identify some possible barriers to sleeping well or reinforce healthy sleep behaviors! Reflecting on the previous day, please fill out this diary first thing when you wake up in the morning. For ZZZ tips and more sleep resources at Columbia visit www.health.columbia.edu/sleep

DAY 1 Today is: **S M T W T F S** Total hours of sleep last night: _____

Bed time last night ____:____ AM PM
 Wake time this morning ____:____ AM PM
 It took me ____ (hr) ____ (min) to fall asleep
 I woke up ____ times during the night
 My sleep was disturbed by: _____
 I engaged in physical activity for _____ min yesterday

I woke up this morning feeling refreshed
 somewhat refreshed
 fatigued
 I consumed stimulant drugs (prescription or non-prescription) or caffeine yesterday morning afternoon evening
 I took a nap at ____:____ AM PM for ____ min(s) yesterday
 2-3 hours before going to sleep last night, I consumed:
 Alcohol A heavy meal

DAY 2 Today is: **S M T W T F S** Total hours of sleep last night: _____

Bed time last night ____:____ AM PM
 Wake time this morning ____:____ AM PM
 It took me ____ (hr) ____ (min) to fall asleep
 I woke up ____ times during the night
 My sleep was disturbed by: _____
 I engaged in physical activity for _____ min yesterday

I woke up this morning feeling refreshed
 somewhat refreshed
 fatigued
 I consumed stimulant drugs (prescription or non-prescription) or caffeine yesterday morning afternoon evening
 I took a nap at ____:____ AM PM for ____ min(s) yesterday
 2-3 hours before going to sleep last night, I consumed:
 Alcohol A heavy meal

DAY 3 Today is: **S M T W T F S** Total hours of sleep last night: _____

Bed time last night ____:____ AM PM
 Wake time this morning ____:____ AM PM
 It took me ____ (hr) ____ (min) to fall asleep
 I woke up ____ times during the night
 My sleep was disturbed by: _____
 I engaged in physical activity for _____ min yesterday

I woke up this morning feeling refreshed
 somewhat refreshed
 fatigued
 I consumed stimulant drugs (prescription or non-prescription) or caffeine yesterday morning afternoon evening
 I took a nap at ____:____ AM PM for ____ min(s) yesterday
 2-3 hours before going to sleep last night, I consumed:
 Alcohol A heavy meal

DAY 4 Today is: **S M T W T F S** Total hours of sleep last night: _____

Bed time last night ____:____ AM PM
 Wake time this morning ____:____ AM PM
 It took me ____ (hr) ____ (min) to fall asleep
 I woke up ____ times during the night
 My sleep was disturbed by: _____
 I engaged in physical activity for _____ min yesterday

I woke up this morning feeling refreshed
 somewhat refreshed
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 I consumed stimulant drugs (prescription or non-prescription) or caffeine yesterday morning afternoon evening
 I took a nap at ____:____ AM PM for ____ min(s) yesterday
 2-3 hours before going to sleep last night, I consumed:
 Alcohol A heavy meal

DAY 5 Today is: **S M T W T F S** Total hours of sleep last night: _____

Bed time last night ____:____ AM PM
 Wake time this morning ____:____ AM PM
 It took me ____ (hr) ____ (min) to fall asleep
 I woke up ____ times during the night
 My sleep was disturbed by: _____
 I engaged in physical activity for _____ min yesterday

I woke up this morning feeling refreshed
 somewhat refreshed
 fatigued
 I consumed stimulant drugs (prescription or non-prescription) or caffeine yesterday morning afternoon evening
 I took a nap at ____:____ AM PM for ____ min(s) yesterday
 2-3 hours before going to sleep last night, I consumed:
 Alcohol A heavy meal

DAY 6 Today is: **S M T W T F S** Total hours of sleep last night: _____

Bed time last night ____:____ AM PM
 Wake time this morning ____:____ AM PM
 It took me ____ (hr) ____ (min) to fall asleep
 I woke up ____ times during the night
 My sleep was disturbed by: _____
 I engaged in physical activity for _____ min yesterday

I woke up this morning feeling refreshed
 somewhat refreshed
 fatigued
 I consumed stimulant drugs (prescription or non-prescription) or caffeine yesterday morning afternoon evening
 I took a nap at ____:____ AM PM for ____ min(s) yesterday
 2-3 hours before going to sleep last night, I consumed:
 Alcohol A heavy meal

DAY 7 Today is: **S M T W T F S** Total hours of sleep last night: _____

Bed time last night ____:____ AM PM
 Wake time this morning ____:____ AM PM
 It took me ____ (hr) ____ (min) to fall asleep
 I woke up ____ times during the night
 My sleep was disturbed by: _____
 I engaged in physical activity for _____ min yesterday

I woke up this morning feeling refreshed
 somewhat refreshed
 fatigued
 I consumed stimulant drugs (prescription or non-prescription) or caffeine yesterday morning afternoon evening
 I took a nap at ____:____ AM PM for ____ min(s) yesterday
 2-3 hours before going to sleep last night, I consumed:
 Alcohol A heavy meal