Weekly Sleep Diary

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
Daytime Activities & Pre-Sleep Ritual (Fill in each night before going to bed)										
Exercise What did you do? When? Total time?										
Naps When? Where? How long?										
Alcohol & Caffeine Types, amount and when										
Feelings Happiness, sadness, stress, anxiety; major cause										
Food & Drink (Dinner/snacks) What and when?										
Medications or Sleep Aids Types, amount and when										
Bedtime Routine Meditation / Relaxation? How long?										
Bed time										

Weekly Sleep Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday				
Sleeping & Getting Back to Sleep (Fill in each morning)											
Wake-up Time											
Time Spent in Bed Not Sleeping What did you do? (e.g., stayed in bed with eyes closed, meditated, etc.)											
Sleep Breaks Did you get up during the night? If so, what did you do?											
Quality of Sleep & Other Comments											
Total Sleep Hours											