

SLEEP DIARY

Two weeks to notice your sleep patterns

WEEK 1 OF 2

Name: _____

1 WHEN TO FILL IN

Each morning, record last night and rate sleep quality; each evening, rate that day's energy. Rows run noon to noon; estimates are enough. Write the date on which the row begins: Monday's row includes Monday afternoon and night. No need to watch the clock overnight.

2 MARK YOUR SLEEP

■ Shade when asleep, including naps. Leave gaps when awake. Each small box = 30 minutes.
Mark above shading: | = into / out of bed → = start trying to sleep ← = stop trying to sleep

3 OPTIONAL DETAILS

In the narrow strip below sleep: C = caffeine, A = alcohol, E = exercise, M = sleep-related medication.

4 RATINGS

Daytime energy: 1 (low) - 5 (energetic). Sleep quality: 1 (very poor) - 5 (very good).

EXAMPLE Nap 14:30-15:00; bed 22:00; try 22:30; asleep 00:00; awake 01:30-02:00, 03:00-04:00, 05:00-05:30; final wake 06:00; stop trying 06:30; up 07:00.

Start date day + dd/mm	Day type circle applicable	Daytime energy 1-5	NOON												MIDNIGHT												NOON												Sleep quality 1-5	Notes stress, illness, medication...																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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LOOKING BACK OVER TWO WEEKS

Look for recurring patterns, without judging individual nights. Brief notes are enough.

1 What patterns do I notice in my sleep and daytime energy?

For example: time to fall asleep, awakenings, sleep timing, workdays versus days off.

2 What was different on better nights or higher-energy days?

Consider routines, stress, caffeine or activity. A pattern does not necessarily show a cause.

3 What is one small step I would like to try or discuss?

For example: a manageable routine change or a question to bring to a healthcare professional.