My Sleep Diary

Adapted from the My Sleep Diary (http://needsleep.med.harvard.edu) created by the Division of Sleep Medicine at Harvard Medical School and produced in partnership with WGBH Educational Foundation.

Name:_____Date:_____

Please complete the Sleep Diary on a daily basis for one week. It will provide an overview of your sleep schedule that you can use to improve your sleep. You should complete this diary each morning after you wake up. Do not use it at night or keep it in your bedroom. Use it only as a guideline and spend no more than 30 seconds filling it out in the morning.

Day (Date)	NAPS (Duration)	BEDTIME	Did it take you a long time to fall asleep?	Number of times you woke up during the night	Did it take you a long time to fall back asleep after you woke up?	FINAL WAKE UP TIME	Time you got out of bed in the morning.	Total amount of sleep (hours) Add time spent napping to nighttime sleep	How alert did you feel the next day? (1-10) 10= most alert
Example	1 (2 hours)	12 p.m.	yes	2	no	6 a.m.	6:45 a.m.	8 hours 45 minutes	5
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.									
Sun.									