Sleep diary

One week of sleep, recorded each morning.

Name _____ Date _____

Fill in each column within an hour of getting up. Estimates are fine. Do not clock-watch in the night to get them exact.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time I got into bed							
Time I tried to go to sleep							
Minutes to fall asleep							
Number of times I woke							
Minutes awake in the night							
Time of final waking							
Time I got out of bed							
Hours of sleep (estimate)							
Sleep quality (0 to 10)							
Naps (minutes)							
Caffeine after 2pm							
Alcohol (drinks)							

Bring this to your next session. We will use it to work out your sleep pattern and plan changes.

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This handout supports your therapy. It does not replace professional advice.