

| ANSWER these after you get up. | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| I went to bed at: | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| I fell asleep at: | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| I woke up at: | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| I slept: (how many hours) | hours | hours | hours | hours | hours | hours | hours |
| How often did you wake up during sleep? | times | times | times | times | times | times | times |
| My stress level was 1-10 (1 = low, 10= high). | | | | | | | |
| I exercised yesterday. List time you started, for how long and type (walking, etc.). | AM/PM minutes | AM/PM minutes | AM/PM minutes | AM/PM minutes | AM/PM minutes | AM/PM minutes | AM/PM minutes |
| I had caffeine and/or alcohol yesterday. List type(s) and time(s) and number of drinks. | | | | | | | |
| If you use tobacco, list type (cigarettes, chew, etc.), amount and times. | | | | | | | |
| I took a nap yesterday. | AM/PM minutes | AM/PM minutes | AM/PM minutes | AM/PM minutes | AM/PM minutes | AM/PM minutes | AM/PM minutes |
| List medications you took yesterday. | | | | | | | |
| List what you did 1 to 2 hours before going to sleep (smartphone use, etc.). | | | | | | | |

SLEEP DIARY

Use this form to record your sleep habits and identify factors which may interfere with your sleep. Share your sleep diary with your health care provider.

