

Sleep Diary for \_\_\_\_\_

Dates \_\_\_\_\_

Date	5 P M	6 P M	7 P M	8 P M	9 P M	10 P M	11 P M	12 A M	1 A M	2 A M	3 A M	4 A M	5 A M	6 A M	7 A M	8 A M	9 A M	10 A M	11 A M	12 P M	1 P M	2 P M	3 P M	4 P M			
Example August 10, 2024			E				B	S	S	S	S	S	S	S	S	S								S		20 min nap, aerobics	

- Key:**
- leave blank for hours awake
  - E** = time spent exercising
  - B** = time in bed but awake
  - S** = time in bed and asleep (including time napping)
  - A** = Alcoholic beverage (beer, wine, liquor) consumed
  - C** = Caffeinated beverage (coffee, cola, etc.) consumed

Please note that the recording period begins at 5 PM and record length of naps in the notes section as well as anything unusual that happened that day or anything you think we should know.

**Please pay close attention to any factors which wake you up from sleep or prevent you from getting back to sleep and record them in the notes section.**