YOUR SLEEP DIARY

Key Points:

- Sleep is restorative to the body and brain.
- Sleep may help improve immune function in the body.
- Obtaining an adequate amount of sleep helps you function well during the day.
- Good sleep habits can help promote healthy sleep/wake patterns.

Sleep Diary FAQs:

- What is a Sleep Diary? A sleep diary is designed to gather information about your daily sleep pattern.

- How often and when do I fill out the sleep diary? It is necessary for you to complete your sleep diary every day. If possible, the sleep diary should be completed within one hour of getting out of bed in the morning.

- What should I do if I miss a day? If you forget to fill in the diary or are unable to finish it, leave the diary blank for that day.

- What if something unusual affects my sleep or how I feel in the daytime? If your sleep or daytime functioning is affected by some unusual event (such as an illness, or an emergency) you may make brief notes on your diary.

- What do the words “bed” and “day” mean on the diary? This diary can be used for people who are awake or asleep at unusual times. In the sleep diary, the word “day” is the time when you choose or are required to be awake. The term “bed” means the place where you usually sleep.

- Will answering these questions about my sleep keep me awake? This is not usually a problem. You should not worry about giving exact times, and you should not watch the clock. Just give your best estimate.

How Can I Learn More?
- Talk to your board-certified sleep medicine physician.
- Visit www.sleepeducation.org

TIPS:

- Go to bed and get up at the same time every day, including weekends.
- Find time to relax, especially if you feel stressed.
- Keep a diary during the day to record tasks to do and process thoughts about stressful events.
- Try to perform quiet and relaxing activities prior to your bedtime. It may be helpful to develop a bedtime ritual.
- Do not go to bed until you feel drowsy. Think of pleasant and relaxing images in bed.
- Ensure that the bedroom is dark and quiet, and the temperature is comfortable for sleeping.
- Wear comfortable pajamas or clothes for sleeping.
- Do not drink caffeinated beverages in the evening. If you take naps, limit them to no more than 30 minutes in the early afternoon.
- Try to exercise for at least 30 minutes each day. Try not to exercise right before bedtime.
- Avoid drinking liquids and eating a heavy meal prior to bedtime. A light snack at bedtime may be helpful.
INSTRUCTIONS: TWO WEEK SLEEP DIARY

1. Write the date, day of the week, and type of day: Work, School, Day Off, or Vacation.

2. Put the letter “C” in the box when you have coffee, cola or tea. Put “M” when you take any medicine. Put “A” when you drink alcohol. Put “E” when you exercise.

3. Put a “B” in the box to show when you go to bed. Put a “Z” in the box that shows when you think you fell asleep.

4. Put a “Z” in all the boxes that show when you are asleep at night or when you take a nap during the day.

5. Leave boxes empty to show when you wake up at night and when you are awake during the day.

SAMPLE ENTRY BELOW:

On a Monday when I worked, I jogged on my lunch break at 1 PM, had a glass of wine with dinner at 6 PM, fell asleep watching TV from 7 to 8 PM, went to bed at 10:30 PM, fell asleep around Midnight, woke up and couldn't go back to sleep at about 4 AM, went back to sleep from 5 to 7 AM, and had coffee and medicine at 7:00 in the morning.

<table>
<thead>
<tr>
<th>Today's Date</th>
<th>Day of the Week</th>
<th>Type of Day</th>
<th>Noon</th>
<th>1PM</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6PM</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11PM</th>
<th>Midnight</th>
<th>1AM</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>Mon.</td>
<td>Work</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A</td>
<td>Z</td>
<td></td>
<td>B</td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>CM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Next Steps:

- Contact your doctor if you have had difficulties falling or staying asleep for over a month. You may want to seek medical attention sooner if you have problems functioning during the day, fall asleep while driving or feel sleepy when you need to be alert. Tell your doctor if you have difficulty staying alert during the day and have been told that you snore or have irregular breathing when you sleep.
**YOUR SLEEP DIARY: WEEK 1**

**INSTRUCTIONS: TWO WEEK SLEEP DIARY**

1. Write the date, day of the week, and type of day: Work, School, Day Off, or Vacation.

2. Put the letter “C” in the box when you have coffee, cola or tea. Put “M” when you take any medicine. Put “A” when you drink alcohol. Put “E” when you exercise.

3. Put a “B” in the box to show when you go to bed. Put a “Z” in the box that shows when you think you fell asleep.

4. Put a “Z” in all the boxes that show when you are asleep at night or when you take a nap during the day.

5. Leave boxes empty to show when you wake up at night and when you are awake during the day.

**SAMPLE ENTRY BELOW:**

On a Monday when I worked, I jogged on my lunch break at 1 PM, had a glass of wine with dinner at 6 PM, fell asleep watching TV from 7 to 8 PM, went to bed at 10:30 PM, fell asleep around Midnight, woke up and couldn't go back to sleep at about 4 AM, went back to sleep from 5 to 7 AM, and had coffee and medicine at 7:00 in the morning.

<table>
<thead>
<tr>
<th>Today's Date</th>
<th>Day of the week</th>
<th>Type of Day</th>
<th>Noon</th>
<th>1PM</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6PM</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11PM</th>
<th>Midnight</th>
<th>1AM</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>Mon.</td>
<td>Work</td>
<td>E</td>
<td>A</td>
<td>Z</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>Z</td>
<td>CM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

This table is an example of how to fill out a sleep diary. Each box represents a time slot and the letters inside the box indicate what activity or event occurred during that time. The goal is to track your daily activities, sleep patterns, and any other relevant information to understand your sleep habits better. The American Academy of Sleep Medicine suggests using this diary to monitor and improve your sleep quality.
## YOUR SLEEP DIARY: WEEK 2

| Today’s Date | Day of the week | Type of Day | Noon | 1PM | 2 | 3 | 4 | 5 | 6PM | 7 | 8 | 9 | 10 | 11PM | Midnight | 1AM | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11AM |
|-------------|-----------------|-------------|------|-----|---|---|---|---|-----|---|---|---|----|------|-------|-----|---|---|---|---|---|---|---|---|---|-----|------|

Dawn M Stanley, MD, FAASM  
10099 Ridgegate Parkway, Suite 355  
Lone Tree, CO 80124  
Phone: (303) 225-4220 | Fax: (303) 225-5886  
www.drstanleycohen.com