Sleep Diary: Week One

Name:												
Did you consume caffeine (e.g. coke, coffee) in the hour before bed? Yes / No *(please circle)* If yes, how often? Every night / 3-4 nights per week / 1-2 nights per week *(please circle)*												
Date	Day	Total time of all daytime naps (mins)	Time went to bed in evening	After going to your bedroom, what did you do? *(Tick all that apply)*	Time went to sleep	Number of awakenings during the night	Total time awake during the night (mins)	Time woke up next morning	Who or what woke you up in the morning *(Please tick)*	Time got out of bed	Total Sleep Time *(see instructions for calculation)*	Mood Scale *(see instructions)*
EXAMPLE 11/8/25	Mon	30 min	10:15pm	☐ Went straight to sleep ☑ Watched TV ☐ Read a book ☐ Used electronic device ☑ Listened to music ☐ Talked/text on phone ☐ Other :_______________	10:50pm	2	20 min	7:15am	☑ Woke myself ☐ A family member ☐ Alarm clock ☐ Other: _______________	7:20am	8 hours and 5 minutes	4
				☐ Went straight to sleep ☐ Watched TV ☐ Read a book ☐ Used electronic device ☐ Listened to music ☐ Talked/text on phone ☐ Other :_______________					☐ Woke myself ☐ A family member ☐ Alarm clock ☐ Other: _______________			
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