

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.

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.

DIARY INSTRUCTIONS:

Use the guide below to clarify what is being asked for each item of the Sleep Diary.

Date: Write the date you are filling out the diary.

- 1. What time did you get into bed?** Write the time that you got into bed. This may not be the time that you began "trying" to fall asleep.
- 2. What time did you try to go to sleep?** Record the time that you began "trying" to fall asleep.
- 3. How long did it take you to fall asleep?** Beginning at the time you wrote in question 2, how long did it take you to fall asleep.
- 4. How many times did you wake up, not counting your final awakening?** How many times did you wake up between the time you first fell asleep and your final awakening?
- 5. In total, how long did these awakenings last?** What was the total time you were awake between the time you first fell asleep and your final awakening. For example, if you woke 3 times for 20 minutes, 35 minutes, and 15 minutes, add them all up (20+35+15= 70 min or 1 hr and 10 min).
- 6. What time was your final awakening?** Record the last time you woke up in the morning.
- 7. What time did you get out of bed for the day?** What time did you get out of bed with no further attempt at sleeping? This may be different from your final awakening time (e.g. you may have woken up at 6:35 a.m. but did not get out of bed to start your day until 7:20 a.m.)
- 8. How would you rate the quality of your sleep?** "Sleep Quality" is your sense of whether your sleep was good or poor.
- 9. Comments:** If you have anything that you would like to say that is relevant to your sleep feel free to write it here.

Example:

Today's Date:	4/19
1. What time did you get into bed?	10:15 pm
2. What time did you try to go to sleep?	11:30pm
3. How long did it take you to fall asleep?	55 min.
4. How many times did you wake up, not counting your final awakening?	3 times
5. In total, how long did these awakenings last?	1 hr & 10 min
6. What time was your final awakening?	6:45 am
7. What time did you get out of bed for the day?	7:20 am
8. How would you rate the quality of your sleep?	Very Poor Poor Fair Good Very Good
9. Comments (if applicable)	I have a cold this week

SLEEP, Vol. 35, No.2,2012

➔ 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

Example:

Today's Date:	4/19							
1. What time did you get into bed?	10:15 pm							
2. What time did you try to go to sleep?	11:30pm							
3. How long did it take you to fall asleep?	55 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last?	1 hr & 10 min							
6. What time was your final awakening?	6:45 am							
7. What time did you get out of bed for the day?	7:20 am							
8. How would you rate the quality of your sleep?	Very Poor Poor Fair Good Very Good	Very Poor Poor Fair Good Very Good	Very Poor Poor Fair Good Very Good	Very Poor Poor Fair Good Very Good	Very Poor Poor Fair Good Very Good	Very Poor Poor Fair Good Very Good	Very Poor Poor Fair Good Very Good	Very Poor Poor Fair Good Very Good
9. Comments (if applicable)	I have a cold this week							

YOUR SLEEP DIARY: WEEK 2

Today's Date:							
1. What time did you get into bed?							
2. What time did you try to go to sleep?							
3. How long did it take you to fall asleep?							
4. How many times did you wake up, not counting your final awakening?							
5. In total, how long did these awakenings last?							
6. What time was your final awakening?							
7. What time did you get out of bed for the day?							
8. How would you rate the quality of your sleep?	<i>Very Poor</i> <i>Poor</i> <i>Fair</i> <i>Good</i> <i>Very Good</i>	<i>Very Poor</i> <i>Poor</i> <i>Fair</i> <i>Good</i> <i>Very Good</i>	<i>Very Poor</i> <i>Poor</i> <i>Fair</i> <i>Good</i> <i>Very Good</i>	<i>Very Poor</i> <i>Poor</i> <i>Fair</i> <i>Good</i> <i>Very Good</i>	<i>Very Poor</i> <i>Poor</i> <i>Fair</i> <i>Good</i> <i>Very Good</i>	<i>Very Poor</i> <i>Poor</i> <i>Fair</i> <i>Good</i> <i>Very Good</i>	<i>Very Poor</i> <i>Poor</i> <i>Fair</i> <i>Good</i> <i>Very Good</i>
9. Comments (if applicable)							

