

My Sleep Journal

Print this page, and fill it out for at least 1 week. Use estimations rather than exact times or counts. Complete the **red (top) portion in the morning** and the **blue (bottom) portion in the evening**. Take this journal with you to your healthcare provider.

DATE							
Time to bed (e.g., 11:30 p.m.)							
Time at rising (e.g., 7:00 a.m.)							
Time to fall asleep (e.g., 30 minutes)							
Number of awakenings (e.g., 3)							
Reasons for awakenings (e.g., cat making noise; headache; trip to bathroom)							
Total time spent awake (e.g., 1 hour)							
Estimated time spent asleep (e.g., 6.5 hours)							
Sleepiness levels today (e.g., not very tired, somewhat tired, very tired)							
Beverages consumed today (e.g., one coffee at 9 a.m.; one cola at 6 p.m.)							
Naps taken today (e.g., 3:30 p.m. for 45 minutes)							
Stresses experienced today (e.g., argument at work; ill spouse)							
Medication taken today (e.g., one aspirin at 2 p.m.)							