Sleep diary · Week 1

goodmorrow.

Each morning, within an hour of getting up, fill in one column: yesterday at the top, last night below. Guesses are fine, so there's no need to check the clock in the night.

This morning's date							
YESTERDAY							
Naps or dozing off when, and for how long							
Last caffeine at coffee, tea, cola or an energy drink							
Alcohol how many drinks, and when the last one was							
LAST NIGHT							
Got into bed at							
Tried to go to sleep at							
Minutes to fall asleep							
Times I woke in the night not counting waking for the day							
Minutes awake in the night all the wakings added up, before waking for the day							
Woke up for the day at							
Woke earlier than I meant to by how many minutes, if you did							
Got out of bed at							
How well I slept 1 very poor, 5 very good							
How rested I feel 1 not at all, 5 very							
Anything else, yesterday or last night sleep medicine (what and when), stress, exercise, illness, a late meal							

Based on the questions in the Consensus Sleep Diary (Carney et al., Sleep, 2012).

Sleep diary · Week 2

goodmorrow.

Each morning, within an hour of getting up, fill in one column: yesterday at the top, last night below. Guesses are fine, so there's no need to check the clock in the night.

This morning's date							
YESTERDAY							
Naps or dozing off when, and for how long							
Last caffeine at coffee, tea, cola or an energy drink							
Alcohol how many drinks, and when the last one was							
LAST NIGHT							
Got into bed at							
Tried to go to sleep at							
Minutes to fall asleep							
Times I woke in the night not counting waking for the day							
Minutes awake in the night all the wakings added up, before waking for the day							
Woke up for the day at							
Woke earlier than I meant to by how many minutes, if you did							
Got out of bed at							
How well I slept 1 very poor, 5 very good							
How rested I feel 1 not at all, 5 very							
Anything else, yesterday or last night sleep medicine (what and when), stress, exercise, illness, a late meal							

Based on the questions in the Consensus Sleep Diary (Carney et al., Sleep, 2012).

Your two weeks

goodmorrow.

Add it up when the two weeks are done. Rough averages are plenty.

Usual minutes to fall asleep:

Usual minutes awake in the night:

Nights with more than 30 minutes of either: week 1 ____ week 2 ____

Usual hours asleep (from trying to sleep to waking for the day, minus minutes to fall asleep and minutes awake):

Earliest and latest time out of bed:

Nights after a nap, late caffeine or a drink:

How those nights compared with the rest:

What to look for

- Researchers often draw the line for insomnia at more than 30 minutes to fall asleep, or more than 30 minutes awake in the night, on three or more nights a week, for months. It's a yardstick, not a diagnosis, and waking too early counts too.
- If your get-up time moves around by more than an hour, especially on weekends, it's one of the easier things to change.
- If the nights after a nap, late caffeine or a drink look worse, try two weeks without. If you drink most days, cut down slowly and talk to a doctor first.
- If you've slept badly three or more nights a week for three months, take this diary to a doctor and ask about CBT-I. It's one of the first things a sleep clinician asks for.
- See a doctor sooner if you snore loudly, stop breathing or wake gasping, nod off in the day without meaning to, get an urge to move your legs in the evening, or your mood has dropped a long way.

Please don't cut your time in bed on your own to make these numbers look better. Limiting time in bed is part of CBT-I, and it's best done through a structured program or with a clinician.

If you're having thoughts of suicide or harming yourself, call or text 988 in the US, or call Samaritans on 116 123 in the UK.