

HEBERT & Associates SLEEP DIARY

Name: _____ Week of: _____ to: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Naps:	how many: length min: time:	how many: length min: time:	how many: length min: time:	how many: length min: time:	how many: length min: time:	how many: length min: time:	how many: length min: time:
Alcohol:	Type: Quantity: Time:	Type: Quantity: Time:	Type: Quantity: Time:	Type: Quantity: Time:	Type: Quantity: Time:	Type: Quantity: Time:	Type: Quantity: Time:
Caffeine:	Type: Quantity: Time:	Type: Quantity: Time:	Type: Quantity: Time:	Type: Quantity: Time:	Type: Quantity: Time:	Type: Quantity: Time:	Type: Quantity: Time:
Exercise:	Type: length min: Time:	Type: length min: Time:	Type: length min: Time:	Type: length min: Time:	Type: length min: Time:	Type: length min: Time:	Type: length min: Time:
Bath time:							
Mood:	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Energy level:	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Did you use medication:	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Time of getting into bed:							
Time of lights out:							
Estimated time to fall asleep:							
Total number of awakenings:	1 2 3 4 5 ___	1 2 3 4 5 ___	1 2 3 4 5 ___	1 2 3 4 5 ___	1 2 3 4 5 ___	1 2 3 4 5 ___	1 2 3 4 5 ___
Length of each awakenings:							
Length of longest awakening:							
Time of longest awakening:							
Final wake-up time:							
Time of getting out of bed:							
Estimated total sleep time:							
Quality of sleep (1-10)	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

Scale of 1-10: 1=low/poor and 10= high/good