

# Practical Health Strategies

## One Week Sleep Diary

|    | Day of the week:  | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----|---|-----|-----|-----|-----|-----|-----|-----|
|    | Date:   |     |     |     |     |     |     |     |
|    | Questions at bedtime:   |     |     |     |     |     |     |     |
| 1  | Did you nap today & when?   |     |     |     |     |     |     |     |
| 2  | Did you consume any stimulants in the last three hours?                               |     |     |     |     |     |     |     |
| 3  | Did you consume any relaxants in the last three hours? (alcohol, sleeping aids, etc.) |     |     |     |     |     |     |     |
| 4  | What time did you get in the bed?   |     |     |     |     |     |     |     |
|    | Questions when you get up:  |     |     |     |     |     |     |     |
| 5  | How long did it take you to first fall asleep? About what time was that?              |     |     |     |     |     |     |     |
| 6  | How many times did you wake up during the night?                                      |     |     |     |     |     |     |     |
| 7  | Did you have trouble falling back to sleep when you woke up? How long?                |     |     |     |     |     |     |     |
| 8  | What time did you finally wake up in the morning? (The last time.)                    |     |     |     |     |     |     |     |
| 9  | What time did you get out of the bed for the day?                                     |     |     |     |     |     |     |     |
| 10 | How much sleep did you get? (not including times you were awake during sleep period)  |     |     |     |     |     |     |     |
| 11 | How rested did you feel after about 10 minutes after you got out of bed?              |     |     |     |     |     |     |     |