



Sleep Diary

Name: _____

1. Each day, write down the date, type of day (e.g. work, vacation, shift, weekend), and relevant information from the legend (below).
2. **Use a vertical line to indicate when you went to bed**, and shade in all areas in which you think you slept (including naps).
3. Use the notes section (or additional paper) to jot down additional relevant information, such as events that woke you up, vivid dreams, stressors, menstrual cycle days, or changes in your routine.

Week 1:

Date	Type of day	noon	1pm	2	3	4	5	6	7	8	9	10	11pm	12am	1am	2	3	4	5	6	7	8	9	10	11am
March 2 nd	Work										N											C, P	E		

Legend:

- | | | | |
|-----------------|--------------------------------|---------------------------|-----------------|
| 1. C = caffeine | 3. A = alcohol | 5. P = pharmaceuticals | 7. Other: _____ |
| 2. E = exercise | 4. N = natural health products | 6. S = significant stress | 8. Other: _____ |

Notes:



Week 2:

Date	Type of day	noon	1pm	2	3	4	5	6	7	8	9	10	11pm	12am	1am	2	3	4	5	6	7	8	9	10	11am

Legend:

- | | | | |
|-----------------|--------------------------------|---------------------------|-----------------|
| 1. C = caffeine | 3. A = alcohol | 5. P = pharmaceuticals | 7. Other: _____ |
| 2. E = exercise | 4. N = natural health products | 6. S = significant stress | 8. Other: _____ |

Sleep Exercise:

Before you begin your sleep diary, start by spending *at least 30 minutes* to quietly reflect on your personal relationship with sleep. Consider each question below. Write your ideas in a journal and keep this handy over the coming **12 weeks**, so that you can update your ideas as you progress through treatment.

1. Is optimal sleep defined by quantity (e.g. number of hours, how much energy the following day), or quality? How do you define optimal sleep *quality*?
2. Is sleep your enemy (i.e. to manage or control), or a supportive friend that you respect? Does sleep interfere with your daily responsibilities or is it a reprieve for restoration and rejuvenation?
3. Is it simply your waking-self “turned off”, or is it a different sleeping part of yourself to welcome back?
4. How safe do you feel when you sleep? Consider your willingness to “let your guard down” emotionally and physically.
5. Do you have any addictions that interfere with your sleep goals? (Addictions can include substances or activities.)
6. What is an ideal sleep *experience* for you? Set your intention for this experience if even only for a few minutes each night. Can you appreciate the journey as much as the outcome?