Two-Week Sleep Diary

Fill it in each morning within an hour of getting up. Estimates are fine; do not watch the clock at night.

Name: _____ Week of: _____

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date / day							
Naps yesterday (when, how long)							
Caffeine after 2 pm? (what, when)							
Time I went to bed							
Time I tried to sleep							
Minutes to fall asleep (estimate)							
Times I woke in the night							
Total minutes awake in the night							
Final wake-up time							
Time I got out of bed							
Sleep quality (1 very poor - 5 very good)							
Notes (stress, screens, medicine, illness)							

Week 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date / day							
Naps yesterday (when, how long)							
Caffeine after 2 pm? (what, when)							
Time I went to bed							
Time I tried to sleep							
Minutes to fall asleep (estimate)							
Times I woke in the night							
Total minutes awake in the night							
Final wake-up time							
Time I got out of bed							
Sleep quality (1 very poor - 5 very good)							
Notes (stress, screens, medicine, illness)							

The questions follow the core items of the Consensus Sleep Diary (Carney et al., 2012). Layout: sherjeelawan.com. Free worksheet from sherjeelawan.com by Dr. Malik Sherjeel Awan (PsyD). For personal use; not a diagnosis or a substitute for professional care. In an emergency call your local emergency number.