7-DAY SLEEP DIARY

Track your sleep for 7 days to better understand your patterns, nighttime disruptions, and morning energy.

Week of: _____ **to:** _____

How to use this diary
Complete the evening section shortly before bed and the morning section soon after waking. Estimates are fine - you do not need to watch the clock during the night. After seven days, review the diary for patterns in your schedule, awakenings, habits, sleep quality, and morning energy.

Simple Instructions

- Complete the diary for 7 consecutive days.
- Record times as accurately as reasonably possible.
- Estimate nighttime awakenings instead of repeatedly checking the clock.
- Include caffeine, naps, movement, stress, and other factors that may influence sleep.
- Look for patterns across the week rather than focusing on one unusual night.

What You Will Track

Evening habits	**Bedtime & sleep onset**	**Night awakenings**
Wake time	**Estimated total sleep**	**Sleep quality & morning energy**

Tip: A sleep diary is most useful when it helps you notice patterns without making sleep tracking itself stressful. Approximate entries are completely acceptable.

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Evening habits and daytime factors that may influence sleep.

Evening & Daytime Habits

Day	Last Caffeine	Exercise / Movement	Nap & Duration	Screen-Free Wind-Down	Stress 1-10
Mon				[ ]	
Tue				[ ]	
Wed				[ ]	
Thu				[ ]	
Fri				[ ]	
Sat				[ ]	
Sun				[ ]	

Optional Evening Notes

Record anything unusual that might have affected sleep - for example, a late meal, travel, illness, discomfort, alcohol, a schedule change, or an unusually stressful day.

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Record approximate sleep timing without repeatedly checking the clock.

Nighttime Sleep

Day	Went to Bed	Tried to Sleep	Est. Time to Fall Asleep	Night Awakenings	Est. Time Awake Overnight
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Morning Timing

Day	Final Wake Time	Got Out of Bed	Estimated Total Sleep
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			

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Connect the night with how you feel the following morning.

Morning Check-In

Day	Sleep Quality 1-10	Morning Energy 1-10	Felt Rested?	Morning Notes
Mon			[ ] Yes [ ] No	
Tue			[ ] Yes [ ] No	
Wed			[ ] Yes [ ] No	
Thu			[ ] Yes [ ] No	
Fri			[ ] Yes [ ] No	
Sat			[ ] Yes [ ] No	
Sun			[ ] Yes [ ] No	

Things Worth Noting

- ■ Trouble falling asleep
- ■ Woke earlier than intended
- ■ Woke with dry mouth
- ■ Unusually stressful day
- ■ Late/heavy meal
- ■ Travel or schedule change
- ■ Other: _____
- ■ Frequent awakenings
- ■ Snoring reported
- ■ Morning headache
- ■ Alcohol
- ■ Illness or discomfort
- ■ Medication/supplement change

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Review the week for recurring patterns rather than judging individual nights.

Weekly Sleep Review

Average estimated sleep duration: _____ hours	**Average sleep quality:** _____ / 10
Typical bedtime: _____	**Typical wake time:** _____
Average morning energy: _____ / 10	**Most rested day:** _____

I seemed to sleep better when:

I seemed to sleep worse when:

My Most Common Sleep Challenge

- ■ Falling asleep
- ■ Waking too early
- ■ Not enough sleep opportunity
- ■ No obvious problem
- ■ Waking during the night
- ■ Inconsistent sleep schedule
- ■ Tired despite adequate time in bed
- ■ Other: _____

Habits That May Be Connected

- ■ Caffeine timing
- ■ Stress
- ■ Napping
- ■ Bedroom environment
- ■ Alcohol
- ■ Evening screens
- ■ Irregular bedtime
- ■ Exercise/activity
- ■ Late meals
- ■ No clear connection yet

My Focus for Next Week

One habit I want to continue:

One thing I want to change:

One pattern I want to watch:

Important: This sleep diary is intended for educational and self-reflection purposes and is not a diagnostic tool. Persistent difficulty sleeping, excessive daytime sleepiness, loud snoring or witnessed breathing pauses, or other concerning symptoms should be discussed with an appropriate healthcare professional.