



Teen Sleep Diary

The Sleep Diary is a way to investigate the **timing, patterns and quality** of your sleep.
Complete the diary **every day for two weeks**. Try not to skip any days, and try to be honest and accurate.

My name:

Start date:

Week number:

	Day/Date							
Yesterday	What did you do in the 30 minutes before bed?							
	What time did you get into bed last night?							
	What time did you go to sleep?							
	How easily did you fall asleep on a scale of 1 (very easily) to 5 (with great difficulty)?							
	How many times did you wake up in the night?							
	In total, how long did these awakenings last?							
	What time was your last caffeinated drink?							
	What time did you have dinner?							
	If you exercised, at what time and for how long?							
	If you napped, at what time and for how long?							
Did you take any medications? If so, what?								



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My name:

Start date:

Week number:

	Day/Date							
Today	What time did you wake up today?							
	What time did you get out of bed for the day?							
	How well did you sleep on a scale of 1 (terribly) to 5 (really well)?							
	How tired were you this morning on a scale of 1 (very tired) to 5 (full of energy)?							
	Anything else you noticed? Disturbances during the night, unusual events during the day...							

What did you notice about your sleep patterns? Use this space for any notes.