Unisom® The Sleep Diary

Adapted from the National Sleep Foundation, Columbia University Health Services, the American Academy of Sleep Medicine, and the Circadian Sleep Disorders Foundation.

How to use your diary:

The diary is split into two sections, and is easy to use. For each day that you are recording (an entire week appears in this diary), you will fill in one half of it when you get up, and the other half at bedtime. Section 1 asks you to record what time you went to bed and what time you got up, whether or not you woke up during the night and how often, what disturbed your sleep, how many hours you slept and how you felt when you got up. The second section is related to daytime/evening activity and your lifestyle, and will ask you about naps, exercise, medications, and your pre-bedtime routines.

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	Fill this in when you get up							Fill this in before you go to bed					
	Bedtime last night was at:	**It took me ___ to fall asleep** (# minutes)	**I woke up during the night** (How often?)	**I woke up for one of these reasons** (stress, anxiety, noise... anything else you remember)	**I slept for ___ hours**	**I got up this morning at:**	**When I got up, I felt:**	**I took the following medications today:**	**I exercised for at least 20 minutes:**	**I had caffeine** (coffee, tea, cola or chocolate)	**I had a nap today** (When and for how long)	**2-3 hours before bed, I had:**	**1 hour before bed, I :** (watched TV, read, other activity)
Day 1 Today is ..... Today's date is	..... ❑ AM ❑ PM	..... minutes	..... times	....	..... hours	..... AM ❑ With alarm clock ❑ On my own	❑ Well rested ❑ Not completely rested ❑ Quite tired	....	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't exercise	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't have any	❑ Morning ❑ Afternoon ..... minutes ❑ I didn't nap	❑ Alcohol ❑ Heavy or spicy foods	....
Day 2 Today is ..... Today's date is	..... ❑ AM ❑ PM	..... minutes	..... times	....	..... hours	..... AM ❑ With alarm clock ❑ On my own	❑ Well rested ❑ Not completely rested ❑ Quite tired	....	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't exercise	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't have any	❑ Morning ❑ Afternoon ..... minutes ❑ I didn't nap	❑ Alcohol ❑ Heavy or spicy foods	....
Day 3 Today is ..... Today's date is	..... ❑ AM ❑ PM	..... minutes	..... times	....	..... hours	..... AM ❑ With alarm clock ❑ On my own	❑ Well rested ❑ Not completely rested ❑ Quite tired	....	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't exercise	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't have any	❑ Morning ❑ Afternoon ..... minutes ❑ I didn't nap	❑ Alcohol ❑ Heavy or spicy foods	....
Day 4 Today is ..... Today's date is	..... ❑ AM ❑ PM	..... minutes	..... times	....	..... hours	..... AM ❑ With alarm clock ❑ On my own	❑ Well rested ❑ Not completely rested ❑ Quite tired	....	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't exercise	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't have any	❑ Morning ❑ Afternoon ..... minutes ❑ I didn't nap	❑ Alcohol ❑ Heavy or spicy foods	....

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Day 5 Today is ..... Today's date is	..... ❑ AM ❑ PM	..... minutes	..... times	.....	..... hours	..... AM ❑ With alarm clock ❑ On my own	❑ Well rested ❑ Not completely rested ❑ Quite tired	.....	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't exercise	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't have any	❑ Morning ❑ Afternoon ..... minutes ❑ I didn't nap	❑ Alcohol ❑ Heavy or spicy foods	.....
Day 6 Today is ..... Today's date is	..... ❑ AM ❑ PM	..... minutes	..... times	.....	..... hours	..... AM ❑ With alarm clock ❑ On my own	❑ Well rested ❑ Not completely rested ❑ Quite tired	.....	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't exercise	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't have any	❑ Morning ❑ Afternoon ..... minutes ❑ I didn't nap	❑ Alcohol ❑ Heavy or spicy foods	.....
Day 7 Today is ..... Today's date is	..... ❑ AM ❑ PM	..... minutes	..... times	.....	..... hours	..... AM ❑ With alarm clock ❑ On my own	❑ Well rested ❑ Not completely rested ❑ Quite tired	.....	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't exercise	❑ Morning ❑ Afternoon ❑ Evening ❑ I didn't have any	❑ Morning ❑ Afternoon ..... minutes ❑ I didn't nap	❑ Alcohol ❑ Heavy or spicy foods	.....

Sometimes it will be difficult to remember exactly how long it took you to fall asleep, how many times you woke up during the night, or in fact what woke you up.

Answer as well as you can; the important thing here is to look for patterns of sleep. Keep in mind that certain factors not listed on this diary may also contribute to poor sleep… for example, jet lag, illness, pregnancy or shift work. Once you have pinpointed one or more of the things that are keeping you awake, refer to Does your lifestyle affect your sleep patterns? In the bedroom and Sleep Hygiene for tips on how you can get back to sleeping well.