

Sleep Record

TRACK · UNDERSTAND · SUPPORT BETTER SLEEP

This sleep record helps you monitor your patterns, notice what supports or disrupts your sleep, and track change over time. Bring it to sessions to discuss what you learn.

WEEK OF _____

Better understanding leads to better sleep.

DAY	BEDTIME What time did you go to bed?	TIME TO FALL ASLEEP Minutes	NIGHT WAKINGS Number, and how long awake?	FINAL WAKE TIME What time did you get up?	TOTAL SLEEP TIME Hours / minutes	SLEEP QUALITY 0 = very poor, 10 = very good	FEELING ON WAKING 0 = not at all, 10 = very rested
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							

BEFORE BED

What did you do in the 2 hours before bed?

M T W T F S S

Used phone / screen	☐	☐	☐	☐	☐	☐
Watched TV / news	☐	☐	☐	☐	☐	☐
Worked or studied	☐	☐	☐	☐	☐	☐
Ate a large meal	☐	☐	☐	☐	☐	☐
Consumed caffeine	☐	☐	☐	☐	☐	☐
Consumed alcohol	☐	☐	☐	☐	☐	☐
Used nicotine	☐	☐	☐	☐	☐	☐
Exercised	☐	☐	☐	☐	☐	☐
Relaxation (reading, breathing)	☐	☐	☐	☐	☐	☐
Felt stressed or anxious	☐	☐	☐	☐	☐	☐
Other: _____						

DURING THE NIGHT

Did you experience any of the following?

M T W T F S S

Difficulty falling asleep	☐	☐	☐	☐	☐	☐
Woke and couldn't get back to sleep	☐	☐	☐	☐	☐	☐
Early morning waking	☐	☐	☐	☐	☐	☐
Vivid dreams / nightmares	☐	☐	☐	☐	☐	☐
Physical discomfort (pain, temperature)	☐	☐	☐	☐	☐	☐
Anxiety or racing thoughts	☐	☐	☐	☐	☐	☐
Needed the bathroom	☐	☐	☐	☐	☐	☐
Coughing / illness	☐	☐	☐	☐	☐	☐
Partner / pet disturbance	☐	☐	☐	☐	☐	☐
Other: _____						

ON WAKING

How did you feel this morning?

M T W T F S S

Alert	☐	☐	☐	☐	☐	☐
Calm	☐	☐	☐	☐	☐	☐
Motivated	☐	☐	☐	☐	☐	☐
Irritable	☐	☐	☐	☐	☐	☐
Anxious	☐	☐	☐	☐	☐	☐
Low mood	☐	☐	☐	☐	☐	☐
Physically tired	☐	☐	☐	☐	☐	☐
Mentally foggy	☐	☐	☐	☐	☐	☐
Sore / stiff	☐	☐	☐	☐	☐	☐
Other: _____						

ADDITIONAL NOTES

Anything else that may have influenced your sleep this week? (illness, travel, menstruation, routine changes, significant events)

WEEKLY REFLECTION

Looking at your week as a whole, consider:

- What patterns do you notice?
- What seems to help your sleep?
- What makes it more difficult?
- How does sleep affect your mood or functioning?
- What would you try differently next week?

SLEEP HYGIENE REMINDERS

Evidence-based strategies that can support better sleep.

- ☐ Keep a consistent sleep and wake time
- ☐ Create a calming pre-sleep routine
- ☐ Limit screens in the hour before bed
- ☐ Keep the bedroom cool, dark and quiet
- ☐ Avoid caffeine after midday
- ☐ Limit alcohol and nicotine
- ☐ Get regular daylight exposure
- ☐ Include regular physical activity
- ☐ Notice and manage worrying thoughts
- ☐ Use the bed for sleep and intimacy, not work or TV

Small changes can make a meaningful difference.

SOURCES

Buyse, D. J. (2014). Sleep health: can we define it? Does it matter? *Sleep*, 37(1), 9–17.
Morin, C. M. (2006). *Cognitive Behavioral Therapy for Insomnia*. Guilford Press.

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