Sleep Diary

Week _____

- Please print off a diary every week. Fill it in every day until the end of the workshop.
- Fill in the top part of the diary when you wake up.
- Fill in the bottom part of the diary right before you go to sleep.

Fill Out Each Morning							
	Sunday	**Monday**	**Tuesday**	**Wed.**	**Thursday**	**Friday**	**Saturday**
Rate your head pain out of 10 (0 = no pain, 10 = the worst pain you could have)							
Do you feel well rested?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
Bedtime last night							
Wake time							
Total hours in bed							
Hours asleep							
Did it take longer than 20 minutes to fall asleep?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
How many times did you wake up during the night?							
Total awake time at night (in minutes)							
Why did you wake up?							
What did you do to try to fall back asleep?	Did it help? ☐ yes ☐ no	Did it help? ☐ yes ☐ no	Did it help? ☐ yes ☐ no	Did it help? ☐ yes ☐ no	Did it help? ☐ yes ☐ no	Did it help? ☐ yes ☐ no	Did it help? ☐ yes ☐ no

Sleep Diary

Week _____

Fill Out Each Evening							
	Sunday	**Monday**	**Tuesday**	**Wed.**	**Thursday**	**Friday**	**Saturday**
Rate your head pain out of 10 (0 = no pain, 10 = the worst pain you could have)							
Did you have enough energy to do what you needed to do today?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
Did you have a nap today?	☐ yes ☐ no If yes, for how long?	☐ yes ☐ no If yes, for how long?	☐ yes ☐ no If yes, for how long?	☐ yes ☐ no If yes, for how long?	☐ yes ☐ no If yes, for how long?	☐ yes ☐ no If yes, for how long?	☐ yes ☐ no If yes, for how long?
Did you exercise for 20 minutes today?	☐ yes ☐ no If yes, was it at least 2 hours before bed?	☐ yes ☐ no If yes, was it at least 2 hours before bed?	☐ yes ☐ no If yes, was it at least 2 hours before bed?	☐ yes ☐ no If yes, was it at least 2 hours before bed?	☐ yes ☐ no If yes, was it at least 2 hours before bed?	☐ yes ☐ no If yes, was it at least 2 hours before bed?	☐ yes ☐ no If yes, was it at least 2 hours before bed?
Did you have caffeine (drinks, food, medicine) today? If yes, how much and when?							
Was your evening meal at least 4 hours before bed?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
Did you drink alcohol or smoke before bed?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
Is your bedroom dark?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no

Sleep Diary

Week _____

	Sunday	**Monday**	**Tuesday**	**Wed.**	**Thursday**	**Friday**	**Saturday**
Did you use an electronic device (computer, cell phone) before bed?	☐ yes ☐ no If yes, was it for less than an hour?	☐ yes ☐ no If yes, was it for less than an hour?	☐ yes ☐ no If yes, was it for less than an hour?	☐ yes ☐ no If yes, was it for less than an hour?	☐ yes ☐ no If yes, was it for less than an hour?	☐ yes ☐ no If yes, was it for less than an hour?	☐ yes ☐ no If yes, was it for less than an hour?
What was your pre-sleep routine?							
What stress management strategies did you use today?							
Other comments							

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