

# Sleep Journal

Provided by: BestMattress.Reviews



While actigraphy (like that available on your Apple Watch) can tell you how well you slept, it doesn't help you determine **why you slept well** or **why you didn't sleep well**. A sleep journal is the best way to help you identify ways to improve the quality of sleep you're achieving. A sleep journal can help you decide if a new mattress is allowing you to rest well. It can also help you determine whether you have a sleep difficulty for which you should consult your physician. *The quality of sleep you achieve is as important to your overall health as your diet and exercise.*

**Instructions:** Keep the Sleep Journal for two weeks. If you are consistently sleeping poorly, adjust aspects of your life to see if your sleep improves or see your doctor right away.

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Print on 8 x 14 paper

# Sleep Journal

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Day of Week and date</b>							
<b>Type of Day</b> (work, school, vacation, sick day, travel)							
Time I went to bed <b>last night:</b>							
<b>What I ate during the three hours before bed.</b>							
<b>What I drank during the three hours before bed.</b>							
<b>Today I exercised</b> (list method, duration, time of day)							
<b>Activities I engaged in during the two hours before bed.</b>							
<b>Total caffeinated beverages consumed and when:</b>							
<b>Total beverages with alcohol consumed and when:</b>							
<b>How I felt at bedtime</b> (include fatigue, stress, emotions)							
<b>Time I went to sleep last night:</b>							
<b>How many times I woke up</b> during the night.							
<b>Reasons for waking?</b>							
<b>How long it took me to get back to sleep</b> after waking.							
<b>Time I woke up</b> in the morning.							
<b>Time I got up</b> in the morning.							
<b>How I felt when I got up.</b> (energized, tired, grumpy, etc.)							
<b>How much time did you sleep last night?</b>							
<b>Did anything interfere with your sleep?</b> (pets, noise, illness, discomfort, stress, active thoughts, pain, snoring, temperature, sleeping partner, worries)							
<b>Did I follow my bedtime routine?</b> (describe on 3 <sup>rd</sup> page)							
<b>Was I aware that I was snoring?</b>							
<b>Was I aware my partner was snoring?</b>							
<b>Did my sleeping partner tell me I snored?</b>							
<b>Were you energetic during the day?</b>							
<b>Were you sleepy during the day?</b>							
<b>Did you take a nap today?</b> (include duration of nap)							

# Sleep Journal

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
<b>Day of Week and date</b>							
<b>Type of Day</b> (work, school, vacation, sick day, travel)							
Time I went to bed <b>last night:</b>							
<b>What I ate during the three hours before bed.</b>							
<b>What I drank during the three hours before bed.</b>							
<b>Today I exercised</b> (list method, duration, time of day)							
<b>Activities I engaged in during the two hours before bed.</b>							
<b>Total caffeinated beverages consumed and when:</b>							
<b>Total beverages with alcohol consumed and when:</b>							
<b>How I felt at bedtime</b> (include fatigue, stress, emotions)							
<b>Time I went to sleep last night:</b>							
<b>How many times I woke up</b> during the night.							
<b>Reasons for waking?</b>							
<b>How long it took me to get back to sleep</b> after waking.							
<b>Time I woke up</b> in the morning.							
<b>Time I got up</b> in the morning.							
<b>How I felt when I got up.</b> (energized, tired, grumpy, etc.)							
<b>How much time did you sleep last night?</b>							
<b>Did anything interfere with your sleep?</b> (pets, noise, illness, discomfort, stress, active thoughts, pain, snoring, temperature, sleeping partner, worries)							
<b>Did I follow my bedtime routine?</b>							
<b>Was I aware that I was snoring?</b>							
<b>Was I aware my partner was snoring?</b>							
<b>Did my sleeping partner tell me I snored?</b>							
<b>Were you energetic during the day?</b>							
<b>Were you sleepy during the day?</b>							
<b>Did you take a nap today?</b> (include duration of nap)							

# Sleep Journal

## Bedtime Routine

Describe your bedtime routine or rituals. If you don't have any, write none.

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## Notes

This section is for you to provide additional insight that will assist with the evaluation of the quality of your sleep. Life doesn't exist in a bubble when you're doing a sleep trial. Many usual factors can disturb our sleep for unique reasons. Make notes of any unusual situations and include which day of the study they pertain to (Day 1, 2, etc.). Some examples include excitement about something (a pending job offer, an upcoming visit, etc.), distress about something (someone you care about who is ill, experiences an accident or other negative life event, or the death of someone you care about). Stressors that are present in your life on a chronic basis are not unusual factors although noting them for your own use may help you identify areas you may wish to work toward improving.

