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7 Day - Sleep Diary

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
I went to bed (clock time)							
I woke up for the day (clock time)							
I got out of bed (clock time)							
How many times did I hit the snooze?							
How many times did I wake up during the night?							
How long were you awake before you fell asleep? (estimate in minutes)							
Rate your sleep quality last night 1 – very poor 2 – poor 3 – OK – 4 – Good 5 – Excellent							
Rate your sleep quantity 1 – very inadequate 2 – inadequate 3 – good 4 – too much							
On a scales from 1 – 5, I woke up feeling refreshed 1 = not at all 5 = very							
On a scale from 1 – 5, how do you feel this AM 1 = Tired 5 = Great							
Did I wake up before my alarm today?							
What I did the hour before I fell asleep							
How many naps did I take the day before?							
How long did your naps last (total mins)?							
I had alcohol last night - yes or no							
Number of caffeinated drinks today							
Time of last caffeinated drink							
Was my bedroom too hot, cold or perfect							
Amount of exercise the day before in minutes							
Bedmates/animals interrupting sleep – yes or no							
Light in the bedroom from – yes or no							
Did noise keep you awake or wake you up – yes or no							
On a scale from 1 – 5, what was mood like yesterday 1 = awful 5 = great							
Did you eat or drink after dinner and before sleep?							