CHOC Children's

Teenager's Sleep Diary

Complete in Morning							
Start Date: __/__/__ Day of the Week:	Day 1 ____	Day 2 ____	Day 3 ____	Day 4 ____	Day 5 ____	Day 6 ____	Day 7 ____
I got into bed last night at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep:							
Easily:	☐	☐	☐	☐	☐	☐	☐
After some time:	☐	☐	☐	☐	☐	☐	☐
With difficulty:	☐	☐	☐	☐	☐	☐	☐
I woke up during the night:							
# of times							
# of minutes							
I got out of bed today at:	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night I slept a total of:	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My sleep was disturbed by: noise, lights, temperature, pets, allergies, nightmares, discomfort, stress, pain etc.							
When I woke up for the day, I felt:							
Rested:	☐	☐	☐	☐	☐	☐	☐
Somewhat rested:	☐	☐	☐	☐	☐	☐	☐
Tired:	☐	☐	☐	☐	☐	☐	☐
Notes: Record any other factors that may affect your sleep							

**Modified from National Sleep Foundation and adapted for Teenagers*

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Teenager's Sleep Diary

Complete at the End of the Day							
Day of the week:	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I consumed caffeinated items in the: (M)orning, (A)fternoon, (E)vening, (N/A) (e.g., soda, tea, coffee, energy drinks, chocolate)							
M/A/E/NA How much?	_____	_____	_____	_____	_____	_____	_____
I exercised at least 20 minutes in the: (M)orning, (A)fternoon, (E)vening, (N/A)							
M/A/E/NA							
I took these medications today:							
Took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
During the day, how likely were you to nod off or even fall asleep while performing daily tasks: No chance (NC), Slight chance (SC), Moderate chance (MC), High chance (HC)							
NC/SC/MC/HC							
Throughout the day, my mood was... Very pleasant (VP), Pleasant (P), Unpleasant (UP), Very unpleasant (VUP)							
VP/P/UP/VUP							
In the hour before going to sleep, my bedtime routine included: List activities including reading a book, taking a bath, doing relaxation exercises, etc.							
In the hour before going to sleep, I used electronics (e.g., cell phone, iPad/tablet, Computer, TV, Video games)							

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