## Sleep Diary

The quality and quantity of our sleep greatly affects our physical health, brain function and well-being. Yet so many people struggle with getting a good night's sleep! The first step in addressing a sleep problem is to find out what is causing it. Start by keeping a diary of your sleep habits for a least seven days to see if you can uncover any patterns. Could your daily or nightly habits be contributing to the problem? Are there simple changes you could make to improve your sleep? If your sleep problem continues or gets worse, share this diary with your medical provider and ask for a sleep assessment.

COMPLETE IN THE MORNING

| Date |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Time I went to bed <br> last night: |  |  |  |  |  |  |  |
| Time I got out of bed <br> this morning: |  |  |  |  |  |  |  |

I fell asleep last night:

| Easily | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| ---: | :---: | :---: | :---: | :---: | :---: | :---: | :--- |
| After some time | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| With difficulty | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

I woke up during the night:

| Number of times |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Number of minutes |  |  |  |  |  |  |  |$\quad$| Total number of <br> hours I slept last <br> night: |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| My sleep was <br> disturbed by: <br> stress, discomfort, <br> noise, lights, pets, <br> allergies, temperature, <br> etc. |  |  |  |  |  |

## When I woke up for the day I felt:

| Refreshed | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| ---: | :---: | :---: | :---: | :---: | :---: | :---: | :--- |
| Somewhat refreshed | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Fatigued | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

COMPLETE IN THE EVENING
Date
Number of caffeinated drinks I consumed in the:

| Morning |  |  |  |  |  |  |
| ---: | :--- | :--- | :--- | :--- | :--- | :--- |
| Afternoon |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |

Days I exercised for at least $\mathbf{2 0}$ minutes:

| Morning | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| ---: | :---: | :---: | :---: | :---: | :---: | :---: | :--- |
| Afternoon | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Evening | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

Medications I took today:

| Before Noon <br> Before Bed |  |  |  |  |  |  |  |
| ---: | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Number of minutes I <br> napped: |  |  |  |  |  |  |  |

During the day, how likely was I to doze off while performing daily activities:

| None, Slight, <br> Moderate, High |  |  |  |  |  |  |
| ---: | :--- | :--- | :--- | :--- | :--- | :--- |

Today my mood was:

| Very pleasant, <br> Pleasant, Unpleasant, <br> Very unpleasant |  |  |  |  |  |  |
| ---: | :--- | :--- | :--- | :--- | :--- | :--- |

Approximately 2-3 hours before bed, I consumed:

| Alcohol | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| ---: | :---: | :---: | :---: | :---: | :---: | :---: | :--- |
| A heavy meal | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Caffeine | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

In the hour before going to sleep, my bedtime routine included:
Reading, using electronics, bath, relaxation exercises, etc.

|  |
| :--- |

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