ENThealth Sleep Journal

Tracking your sleep patterns and being aware of daily situations that help—or hinder—a good night's rest can help you establish and maintain healthy sleep habits. You can print copies of this document to keep by your bedside for easy, effective journaling before you go to bed each night and when you wake up each morning, or you can fill it out electronically to share with your healthcare provider. **Be ENT Smart:** A good night's sleep helps you stay healthy and energized throughout the day!

| Start Date: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--------|--------|---------|-----------|----------|--------|----------|
| What time did you go to bed? | | | | | | | |
| What exercise did you do today? When? | | | | | | | |
| Did you nap? When and for how long? | | | | | | | |
| What did you eat or drink before bed? When? | | | | | | | |
| Did you take any medications or supplements before bed? | | | | | | | |
| Did you have caffeine or alcohol today? When? | | | | | | | |
| How many times did you wake up during the night? Why? | | | | | | | |
| What time did you get up? Hours slept? | | | | | | | |
| How was the quality of your sleep? Great? Average? Poor? | | | | | | | |
| Observations | | | | | | | |





Patient's Name: