

FREE PDF - 7 DAYS

7-day sleep diary

Observe your habits without judging yourself, then choose one realistic improvement.

Before you begin

Complete the diary after waking. Estimates are enough: the goal is to notice patterns, not measure every minute.

1

In the morning

Record the previous night in 2 to 3 minutes.

2

For 7 days

Keep the same level of detail, including weekends.

3

At the end

Notice one pattern and choose one action to test.

A useful habit

Avoid checking the clock at every night waking: record your estimates the next morning.

Name (optional) _____

Week of _____

For observation only. This diary does not replace medical advice.

Days 1 to 4

Use simple estimates. 1 = very poor/low, 5 = excellent/high.

DAY 1
Date _____

Went to bed _____
Tried to sleep _____
Final wake-up _____
Got out of bed _____

Time to fall asleep (min) _____
Time awake at night (min) _____
Estimated total sleep _____
Nap (time + duration) _____
Quality (1) (2) (3) (4) (5)
Energy (1) (2) (3) (4) (5)
Possible factors
☐ Caffeine ☐ Alcohol ☐ Screens
☐ Exercise ☐ Stress ☐ Pain
Note _____

DAY 2
Date _____

Went to bed _____
Tried to sleep _____
Final wake-up _____
Got out of bed _____

Time to fall asleep (min) _____
Time awake at night (min) _____
Estimated total sleep _____
Nap (time + duration) _____
Quality (1) (2) (3) (4) (5)
Energy (1) (2) (3) (4) (5)
Possible factors
☐ Caffeine ☐ Alcohol ☐ Screens
☐ Exercise ☐ Stress ☐ Pain
Note _____

DAY 3
Date _____

Went to bed _____
Tried to sleep _____
Final wake-up _____
Got out of bed _____

Time to fall asleep (min) _____
Time awake at night (min) _____
Estimated total sleep _____
Nap (time + duration) _____
Quality (1) (2) (3) (4) (5)
Energy (1) (2) (3) (4) (5)
Possible factors
☐ Caffeine ☐ Alcohol ☐ Screens
☐ Exercise ☐ Stress ☐ Pain
Note _____

DAY 4
Date _____

Went to bed _____
Tried to sleep _____
Final wake-up _____
Got out of bed _____

Time to fall asleep (min) _____
Time awake at night (min) _____
Estimated total sleep _____
Nap (time + duration) _____
Quality (1) (2) (3) (4) (5)
Energy (1) (2) (3) (4) (5)
Possible factors
☐ Caffeine ☐ Alcohol ☐ Screens
☐ Exercise ☐ Stress ☐ Pain
Note _____

Days 5 to 7

Quality/energy: 1 low, 5 high. Sleepiness: 1 low, 5 high.

DAY 5

Date _____

Went to bed _____

Tried to sleep _____

Final wake-up _____

Got out of bed _____

Falling asleep (min) _____

Total time awake _____

Estimated sleep _____

Nap (time + duration) _____

Number of wakings _____

Quality ① ② ③ ④ ⑤

Energy ① ② ③ ④ ⑤

Sleepiness ① ② ③ ④ ⑤

Factors ☐ Caffeine ☐ Alcohol ☐ Screens ☐ Exercise ☐ Stress ☐ Pain ☐ Noise ☐ Heat

Note _____

DAY 6

Date _____

Went to bed _____

Tried to sleep _____

Final wake-up _____

Got out of bed _____

Falling asleep (min) _____

Total time awake _____

Estimated sleep _____

Nap (time + duration) _____

Number of wakings _____

Quality ① ② ③ ④ ⑤

Energy ① ② ③ ④ ⑤

Sleepiness ① ② ③ ④ ⑤

Factors ☐ Caffeine ☐ Alcohol ☐ Screens ☐ Exercise ☐ Stress ☐ Pain ☐ Noise ☐ Heat

Note _____

DAY 7

Date _____

Went to bed _____

Tried to sleep _____

Final wake-up _____

Got out of bed _____

Falling asleep (min) _____

Total time awake _____

Estimated sleep _____

Nap (time + duration) _____

Number of wakings _____

Quality ① ② ③ ④ ⑤

Energy ① ② ③ ④ ⑤

Sleepiness ① ② ③ ④ ⑤

Factors ☐ Caffeine ☐ Alcohol ☐ Screens ☐ Exercise ☐ Stress ☐ Pain ☐ Noise ☐ Heat

Note _____

Your weekly review

Look for a useful pattern, not a perfect explanation. Focus on comparing days.

AVERAGE BEDTIME

time

AVERAGE WAKE TIME

time

AVERAGE SLEEP

h / night

AVERAGE QUALITY

out of 5

Notice your patterns

My sleep schedule was fairly regular.

☐ Yes

☐ No

My difficult nights shared a common factor.

☐ Yes

☐ No

A late or long nap came before a difficult night.

☐ Yes

☐ No

Night wakings happened at similar times.

☐ Yes

☐ No

My energy broadly followed my sleep quality.

☐ Yes

☐ No

One action to test next week

Choose the easiest one to maintain for 7 days.

☐ Consistent wake time

☐ Earlier caffeine

☐ Fewer evening screens

☐ Adjusted nap

My action

When should you speak to a healthcare professional?

If difficulties last several weeks, clearly affect your days, or occur with loud snoring, observed breathing pauses or marked sleepiness.

If you feel sleepy while driving: do not drive and seek medical advice.

Sources

French National Health Insurance, Adult insomnia: consultation and medical assessment, 14 January 2026.

ameli.fr/assure/sante/themes/insomnie-adulte/diagnostic-evolution

Oxford University Hospitals, Sleep Diary. ouh.nhs.uk/media/dqpr4p4/sleepdiary.pdf

French National Authority for Health, Sleep-wake diary - guidance sheet. has-sante.fr/jcms/c_2038617/fr/agenda-sommeil-eveil-fiche-memo

This document helps you observe habits. It cannot diagnose a sleep disorder.