Christopher Notley DC, CAT(C), CSCS

Dr Notley's practice is a musculoskeletal (muscles and joints) based practise focusing on spine and sports injuries. Treatments involve an integrated approach which combines chiropractic manipulation muscle release techniques, acupuncture, rehabilitative/corrective exercises, nutrition advice and other services to help return you to your job, the sport you love, or the hobbies you enjoy as quickly as possible.

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Sleep Diary

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Quality sleep is important for your health, well-being and happiness. Poor sleep quality can:

- Increase risk of high blood pressure and heart disease
- Change in mood and quick to anger
- Escalation of anxiety and depression
- Weaken your immune system
- Increase the risk for diabetes
- Lower sex drive
- Reduce threshold of pain and could lead to chronic pain

This sleep diary will help you track your sleep allowing you to see habits and trends that are helping you sleep or what you need to improve.

How to use the sleep diary

- the sleep diary only takes a few minutes each day

- Each page covers a week of diary entries. I have provided three months worth of entries.

- Review your diary weekly to see if there are any patterns or practices that are helping or hindering your sleep.

- Make incremental changes. Change one habit at a time and add new habits every 3 to 6 weeks.

Sleep Hygiene Tips

- Go to sleep and wake up at the same time every day
- Sleep when sleepy
- If you can fall asleep within 20 minutes get up and do something calming and boring until you are sleepy
- Avoid caffeine and nicotine 4-6 hours before bed
- Avoid alcohol 4-6 hours before bed
- Use the bed only for sleeping and sex
- No naps or naps less than an hour and before 3pm
- Start sleep ritual 15 minutes before bed: stretching, meditation, relaxed breathing
- hot bath 1 to 2 hours before bed
- Don’t watch the clock; cover it up
- Eat light snack before bed
- Exercise but no strenuous exercise within 4 hours of bed
- Keep your room quiet by wearing earplugs
- Keep the room dark with blackout blinds or use an eye mask
- Use a sleep diary

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Complete in Morning

Start date:	M	T	W	TH	F	S	S
Time to bed:	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM
Time out of bed:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Last night I fell asleep:							
Easily	☐	☐	☐	☐	☐	☐	☐
After some time	☐	☐	☐	☐	☐	☐	☐
With difficulty	☐	☐	☐	☐	☐	☐	☐
I woke up during the night:							
# of times							
# of minutes							
My total hours sleeping	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergies, temperature, discomfort, stress, etc.							
When I woke up for the day, I felt:							
Refreshed	☐	☐	☐	☐	☐	☐	☐
Somewhat refreshed	☐	☐	☐	☐	☐	☐	☐
Fatigued	☐	☐	☐	☐	☐	☐	☐
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Throughout the day, my mood was… Very pleasant, Pleasant, Unpleasant, Very unpleasant							
Approximately 2-3 hours before going to bed, I consumed:							
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I exercised at least 20 minutes in the: (M)orning, (A)fternoon, (E)vening, (N/A)							
Medications I took 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 was I to doze off while performing daily activities: No chance, Slight chance, Moderate chance, High chance							
Throughout the day, my mood was… Very pleasant, Pleasant, Unpleasant, Very unpleasant							
Approximately 2-3 hours before going to bed, I consumed:							
Alcohol	☐	☐	☐	☐	☐	☐	☐
A heavy meal	☐	☐	☐	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐	☐	☐	☐
Not applicable	☐	☐	☐	☐	☐	☐	☐
In the hour before going to sleep, my bedtime routine included: List activities including reading a book, using electronics, taking a bath, doing relaxation exercises, etc.							

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Complete in Morning

Start date:	M	T	W	TH	F	S	S
Time to bed:	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM
Time out of bed:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Last night I fell asleep:							
Easily	☐	☐	☐	☐	☐	☐	☐
After some time	☐	☐	☐	☐	☐	☐	☐
With difficulty	☐	☐	☐	☐	☐	☐	☐
I woke up during the night:							
# of times							
# of minutes							
My total hours sleeping	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergies, temperature, discomfort, stress, etc.							
When I woke up for the day, I felt:							
Refreshed	☐	☐	☐	☐	☐	☐	☐
Somewhat refreshed	☐	☐	☐	☐	☐	☐	☐
Fatigued	☐	☐	☐	☐	☐	☐	☐
Notes: Record any other factors that may affect your sleep							

Complete at the End of Day

Start date:	M	T	W	TH	F	S	S
I consumed caffeinated drinks in the: (M)orning, (A)fternoon, (E)vening, (N/A)							
M / A / E / NA							
How many?	_____	_____	_____	_____	_____	_____	_____
I exercised at least 20 minutes in the: (M)orning, (A)fternoon, (E)vening, (N/A)							
Medications I took 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 was I to doze off while performing daily activities: No chance, Slight chance, Moderate chance, High chance							
Throughout the day, my mood was… Very pleasant, Pleasant, Unpleasant, Very unpleasant							
Approximately 2-3 hours before going to bed, I consumed:							
Alcohol	☐	☐	☐	☐	☐	☐	☐
A heavy meal	☐	☐	☐	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐	☐	☐	☐
Not applicable	☐	☐	☐	☐	☐	☐	☐
In the hour before going to sleep, my bedtime routine included: List activities including reading a book, using electronics, taking a bath, doing relaxation exercises, etc.							

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Complete in Morning

Start date:	M	T	W	TH	F	S	S
Time to bed:	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM
Time out of bed:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Last night I fell asleep:							
Easily	☐	☐	☐	☐	☐	☐	☐
After some time	☐	☐	☐	☐	☐	☐	☐
With difficulty	☐	☐	☐	☐	☐	☐	☐
I woke up during the night:							
# of times							
# of minutes							
My total hours sleeping	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergies, temperature, discomfort, stress, etc.							
When I woke up for the day, I felt:							
Refreshed	☐	☐	☐	☐	☐	☐	☐
Somewhat refreshed	☐	☐	☐	☐	☐	☐	☐
Fatigued	☐	☐	☐	☐	☐	☐	☐
Notes: Record any other factors that may affect your sleep							

Complete at the End of Day

Start date:	M	T	W	TH	F	S	S
I consumed caffeinated drinks in the: (M)orning, (A)fternoon, (E)vening, (N/A)							
M / A / E / NA							
How many?	_____	_____	_____	_____	_____	_____	_____
I exercised at least 20 minutes in the: (M)orning, (A)fternoon, (E)vening, (N/A)							
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Took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
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A heavy meal	☐	☐	☐	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐	☐	☐	☐
Not applicable	☐	☐	☐	☐	☐	☐	☐
In the hour before going to sleep, my bedtime routine included: List activities including reading a book, using electronics, taking a bath, doing relaxation exercises, etc.							

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