Fibromyalgia Sleep Diary and Sleep Habit Worksheet

Instructions:

- Complete the following Sleep Diary and Sleep Habit Worksheet daily for 7 days, in the morning upon waking and again right before going to bed at night.

- At the end of seven consecutive days, take some time to look over the worksheet to identify our evening and bedtime habits that are negatively affect your ability to get restorative rest.

- Once you identify areas that may be impacting your ability to fall asleep, stay asleep or wake rested, you can then make lifestyle changes and adjust pre-bedtime habits.

- Once you have altered your habits, again, track your sleep for another 7 nights. What differences did you see?

This is good information for you. It can empower you create healthy habits that promote a good nights rest; healthy habits that can decrease the symptoms of Fibromyalgia and give the body a chance to repair itself during restorative sleep.

This is also good information so share with your doctor or healthcare practitioner. It may be that you have a sleep disorder that requires specific treatment or nighttime habits that need to be changed.

Medications: (talk with your local pharmacist regarding side effects)

Name of medication:	Is insomnia or difficulty falling or staying asleep listed as a side effect?	Yes	No
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Note: If you are taking medication that lists insomnia or difficulty falling or staying asleep as a possible side effects, talk with your doctor or healthcare practitioner. Ask if there is there a different medication that you could take that would not impact your sleep? Is there a natural remedy, herb or treatment that treats that same symptoms as your medication without the side effect of negatively impacting your sleep?

General Sleep Environment Statements:

Yes No My bed , mattress and pillow are comfortable and supportive
Yes No My bedroom is dark
Yes No My bedroom is uncluttered
Yes No There is not a computer or TV in my bedroom
Yes No I use my bedroom for sleeping only
Yes No My bedroom feels like a restful place to be

Day 1 - Evening:

Yes No **Dinner** (within 4 hours of bedtime)
Yes No **Caffeine** (within 6 hours of bedtime)
Yes No **Alcohol** (within 1 hour of bedtime)
Yes No **Exercise** (within 3 hours of bedtime)

Pre-bedtime activity:

___High spirited conversation ___ watching TV ___ listening to soothing music
___out of the house, came home right before bed ___bath ___read a book/magazine
___talked on the phone ___physical activity ___visited with friends ___ other :

When I went to bed my mind felt: ____quiet ____racing with thoughts ___worried ____excited ___ anxious ____other:

Day 2 - Morning:

Today I awoke feeling :

___energetic ___ have some energy ____ just OK ____tired ____exhausted

My pain level is: ___ higher than normal ___ same a usual ____less than usual.

Emotionally I feel: _____.

I went to bed at _____ p.m. and ***I woke up at*** _____ a.m.

Overall, I slept _____ hours last night.

I woke up _____ times during the night ***due to*** ___ pain ____ a dream ___ noise

___ thirst ___ to use the bathroom ___ my own snoring ___ my partners snoring

___ hunger ___ to gasp for breath

Day 2 - Evening:

Yes No **Dinner** (within 4 hours of bedtime)
Yes No **Caffeine** (within 6 hours of bedtime)
Yes No **Alcohol** (within 1 hour of bedtime)
Yes No **Exercise** (within 3 hours of bedtime)

Pre-bedtime activity:

___High spirited conversation ___ watching TV ___ listening to soothing music
___out of the house, came home right before bed ___bath ___read a book/magazine
___talked on the phone ___physical activity ___visited with friends ___ other :

When I went to bed my mind felt: ____quiet ____racing with thoughts ___worried ____excited ___ anxious ____other:

Day 3 - Morning:

Today I awoke feeling :

___energetic ___ have some energy ____ just OK ____tired ____exhausted

My pain level is: ___ higher than normal ___ same a usual ____less than usual.

Emotionally I feel: _____.

I went to bed at _____ p.m. and ***I woke up at*** _____ a.m.

Overall, I slept _____ hours last night.

I woke up _____ times during the night ***due to*** ___ pain ____ a dream ___ noise

___ thirst ___ to use the bathroom ___ my own snoring ___ my partners snoring

___ hunger ___ to gasp for breath

Day 3 - Evening:

Yes No **Dinner** (within 4 hours of bedtime)
Yes No **Caffeine** (within 6 hours of bedtime)
Yes No **Alcohol** (within 1 hour of bedtime)
Yes No **Exercise** (within 3 hours of bedtime)

Pre-bedtime activity:

___High spirited conversation ___ watching TV ___ listening to soothing music
___out of the house, came home right before bed ___bath ___read a book/magazine
___talked on the phone ___physical activity ___visited with friends ___ other :

When I went to bed my mind felt: ____quiet ____racing with thoughts ___worried ____excited ___ anxious ____other:

Day 4 - Morning:

Today I awoke feeling :

___energetic ___ have some energy ____ just OK ____tired ____exhausted

My pain level is: ___ higher than normal ___ same a usual ____less than usual.

Emotionally I feel: _____.

I went to bed at _____ p.m. and ***I woke up at*** _____ a.m.

Overall, I slept _____ hours last night.

I woke up _____ times during the night ***due to*** ___ pain ____ a dream ___ noise

___ thirst ___ to use the bathroom ___ my own snoring ___ my partners snoring

___ hunger ___ to gasp for breath

Day 4 - Evening:

Yes No **Dinner** (within 4 hours of bedtime)
Yes No **Caffeine** (within 6 hours of bedtime)
Yes No **Alcohol** (within 1 hour of bedtime)
Yes No **Exercise** (within 3 hours of bedtime)

Pre-bedtime activity:

___High spirited conversation ___ watching TV ___ listening to soothing music
___out of the house, came home right before bed ___bath ___read a book/magazine
___talked on the phone ___physical activity ___visited with friends ___ other :

When I went to bed my mind felt: ____quiet ____racing with thoughts ___worried ____excited ___ anxious ____other:

Day 5 - Morning:

Today I awoke feeling :

___energetic ___ have some energy ____ just OK ____tired ____exhausted

My pain level is: ___ higher than normal ___ same a usual ____less than usual.

Emotionally I feel: _____.

I went to bed at _____ p.m. and ***I woke up at*** _____ a.m.

Overall, I slept _____ hours last night.

I woke up _____ times during the night ***due to*** ___ pain ____ a dream ___ noise

___ thirst ___ to use the bathroom ___ my own snoring ___ my partners snoring

___ hunger ___ to gasp for breath

Day 5 - Evening:

Yes No **Dinner** (within 4 hours of bedtime)
Yes No **Caffeine** (within 6 hours of bedtime)
Yes No **Alcohol** (within 1 hour of bedtime)
Yes No **Exercise** (within 3 hours of bedtime)

Pre-bedtime activity:

___High spirited conversation ___ watching TV ___ listening to soothing music
___out of the house, came home right before bed ___bath ___read a book/magazine
___talked on the phone ___physical activity ___visited with friends ___ other :

When I went to bed my mind felt: ____quiet ____racing with thoughts ___worried ____excited ___ anxious ____other:

Day 6 - Morning:

Today I awoke feeling :

___energetic ___ have some energy ____ just OK ____tired ____exhausted

My pain level is: ___ higher than normal ___ same a usual ____less than usual.

Emotionally I feel: _____.

I went to bed at _____ p.m. and ***I woke up at*** _____ a.m.

Overall, I slept _____ hours last night.

I woke up _____ times during the night ***due to*** ___ pain ____ a dream ___ noise

___ thirst ___ to use the bathroom ___ my own snoring ___ my partners snoring

___ hunger ___ to gasp for breath

Day 6 - Evening:

Yes No **Dinner** (within 4 hours of bedtime)
Yes No **Caffeine** (within 6 hours of bedtime)
Yes No **Alcohol** (within 1 hour of bedtime)
Yes No **Exercise** (within 3 hours of bedtime)

Pre-bedtime activity:

___High spirited conversation ___ watching TV ___ listening to soothing music
___out of the house, came home right before bed ___bath ___read a book/magazine
___talked on the phone ___physical activity ___visited with friends ___ other :

When I went to bed my mind felt: ____quiet ____racing with thoughts ___worried ____excited ___ anxious ____other:

Day 7 - Morning:

Today I awoke feeling :

___energetic ___ have some energy ____ just OK ____tired ____exhausted

My pain level is: ___ higher than normal ___ same a usual ____less than usual.

Emotionally I feel: _____.

I went to bed at _____ p.m. and ***I woke up at*** _____ a.m.

Overall, I slept _____ hours last night.

I woke up _____ times during the night ***due to*** ___ pain ____ a dream ___ noise

___ thirst ___ to use the bathroom ___ my own snoring ___ my partners snoring

___ hunger ___ to gasp for breath

Day 7 - Evening:

Yes No **Dinner** (within 4 hours of bedtime)
Yes No **Caffeine** (within 6 hours of bedtime)
Yes No **Alcohol** (within 1 hour of bedtime)
Yes No **Exercise** (within 3 hours of bedtime)

Pre-bedtime activity:

___High spirited conversation ___ watching TV ___ listening to soothing music
___out of the house, came home right before bed ___bath ___read a book/magazine
___talked on the phone ___physical activity ___visited with friends ___ other :

When I went to bed my mind felt: ____quiet ____racing with thoughts ___worried ____excited ___ anxious ____other:

Day 8 - Morning:

Today I awoke feeling :

___energetic ___ have some energy ____ just OK ____tired ____exhausted

My pain level is: ___ higher than normal ___ same a usual ____less than usual.

Emotionally I feel: _____.

I went to bed at _____ p.m. and ***I woke up at*** _____ a.m.

Overall, I slept _____ hours last night.

I woke up _____ times during the night ***due to*** ___ pain ____ a dream ___ noise

___ thirst ___ to use the bathroom ___ my own snoring ___ my partners snoring

___ hunger ___ to gasp for breath

Note:

If you answered NO to any of the **General Sleep Environment Statements,** you should consider making some changes in your bedroom to create a more supportive sleep environment.

If you answered YES to consuming **dinner, caffeine, alcohol** or engaging in **exercise** within the time frames indicated, you may want to consider making lifestyle adjustments to support better sleep habits.