

**MY SLEEP DIARY** - photocopy this sheet and fill it in daily. Keeping a regular log can help you identify factors affecting your sleep

Start date: _____	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day (e.g. Mon, Tues etc. )	_____	_____	_____	_____	_____	_____	_____
• I went to bed last night at:							
• I woke up this morning at:							
• I fell asleep... (circle or tick one option)	Within minutes After a while With difficulty	Within minutes After a while With difficulty	Within minutes After a while With difficulty	Within minutes After a while With difficulty	Within minutes After a while With difficulty	Within minutes After a while With difficulty	Within minutes After a while With difficulty
• I was awake for... or • I woke up in the night...	_____ min/hr ----- _____ times	_____ min/hr ----- _____ times	_____ min/hr ----- _____ times	_____ min/hr ----- _____ times	_____ min/hr ----- _____ times	_____ min/hr ----- _____ times	_____ min/hr ----- _____ times
• I think my quality of sleep last night was:	1 2 3 4 5 poor → good	1 2 3 4 5 poor → good	1 2 3 4 5 poor → good	1 2 3 4 5 poor → good	1 2 3 4 5 poor → good	1 2 3 4 5 poor → good	1 2 3 4 5 poor → good
• Did I take a nap yesterday?							
• Medicines I took yesterday:							
• Caffeine or alcohol I drank yesterday: (write down what you drank and how much)  (M = morning, A = afternoon, N = night)	M:	M:	M:	M:	M:	M:	M:
	A:	A:	A:	A:	A:	A:	A:
	N:	N:	N:	N:	N:	N:	N:
• My sleep was disturbed by... (e.g. noise, mood, thoughts, stress, temperature, discomfort, pain, light, shifts, late meal, snoring etc.)							
• Things I tried to do yesterday to help me sleep better: (e.g. warm bath, light exercise, no late snack, sleep app, went to bed early etc.)							