

Sleep Diary

This sleep diary may help you to identify patterns and areas for improving sleep hygiene. Many people who struggle with sleep can develop negative assumptions about their sleep (e.g. I <u>never</u> get more than 4 hours sleep) so this worksheet might also help you to look at which ones are true.

	Pre – sleep Information							Bed/Sleep Pattern						
Day/Date	Naps (what time and how long?)	Caffeine, alcohol, nicotine? (day total & before bed)	Medication (day total & before bed)	Pre-bed activity (what did you do?	Day fatigue level (0-5, 5 most tired)	Tension in bed (0-5, 5 most tense)	In-bed activities	Lights out (time)	Time to fall asleep (minutes)	Waking time	Woke up? (number of times, how long?)	Hours slept	Rest score (0-5, 5 most rested)	
Example	2pm 40mins	2 coffees, 1 beer, nothing after 4pm	Nil	Watched TV after dinner, 3 hours	3 – felt a bit tired	4 – tense when I went to bed	Read for 1 hour	10:30pm	40mins	5:10am	2am, back to sleep after 20mins	6 hours 40mins	3 – felt mostly rested	
Mon														
Tues														
Weds														

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Thurs														
Fri														
Sat														
Sun														