



Sleep Diary

Sleep – we all do it, but nearly half of us don't do it well. And whether you sleep well or not, it is essential to our health and wellbeing. Without it we're not much good at doing anything else.

What is a sleep diary?

A sleep diary is a daily log to record your sleep-wake pattern. It aims to measure the pattern and quality of your sleep, and factors that may affect your sleep.

How to use the sleep diary

- ✓ It takes just a few minutes to complete each day – some questions need answering first thing in the morning, some need answering at the end of the day.
- ✓ Fill out the diary for at least two weeks. We've given you diary entries for seven days so please make copies for subsequent weeks.
- ✓ Review your completed diary to see if there are any patterns or practices that are helping or hindering your sleep.
- ✓ If you notice a pattern, make one change at a time and implement for at least one week, preferably two weeks.



For sleep tips and other helpful advice visit www.sleepcouncil.org.uk

Sleep Diary: **MORNING**

Complete each morning

| | DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 | DAY 7 |
|---|-------|-------|-------|-------|-------|-------|-------|
| Day of the week | | | | | | | |
| What time did you go to bed last night? | | | | | | | |
| What time did you wake this morning? | | | | | | | |
| How long did it take you to first fall asleep (in minutes)? | | | | | | | |
| Did you fall asleep: Easily After some time With difficulty | | | | | | | |
| How many times did you wake in the night? | | | | | | | |
| How long were you awake during the night in total? | | | | | | | |
| How long did you sleep last night in total? | | | | | | | |
| What disturbed your sleep? (physical or mental factors such as stress, worry, noise, lights, comfort etc) | | | | | | | |
| How would you rate your quality of sleep from 1-5? (with 1 being very poor and 5 being very good) | | | | | | | |
| How do you feel this morning: Refreshed OK Lethargic | | | | | | | |
| Any other notes | | | | | | | |

Sleep Diary: **END OF DAY**

Complete at the end of the day



| | DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 | DAY 7 |
|--|-------|-------|-------|-------|-------|-------|-------|
| Day of the week | | | | | | | |
| How many caffeinated drinks did you have BEFORE 5pm? | | | | | | | |
| How many caffeinated drinks did you have AFTER 5pm? | | | | | | | |
| How many alcohol units did you have BEFORE 5pm? | | | | | | | |
| How many alcohol units did you have AFTER 5pm? | | | | | | | |
| In minutes, how much exercise did you do today BEFORE 9pm? | | | | | | | |
| In minutes, how much exercise did you do today AFTER 9pm? | | | | | | | |
| Have you taken any medications today? And if so, what. | | | | | | | |
| Did you have a nap during the day or evening and for how long? (in minutes) | | | | | | | |
| Throughout the day have you felt any of the following: Grumpy Impatient Tired Moody Unable to concentrate | | | | | | | |
| In the hour before bed what has your bedtime routine included? | | | | | | | |