



sleep diary

Use this sleep diary to make an accurate assessment of how much you sleep and other factors associated with your sleep. This will help you to identify patterns and areas for improving sleep hygiene. Also, many people who struggle with sleep difficulties make negative assumptions about their sleep (e.g. “*I never sleep more than 5 hours a night*”) and this worksheet can help you to check if this is really the case.

	Pre-sleep information							Bed/sleep pattern					
Day/Date	Naps (what time & how long?)	Caffeine, alcohol, nicotine? (day total & 4 hrs 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	Hours slept	Woke up? (number of times, how long)	Rest score (0-5, 5 most rested)
Example:	2pm, 40 minutes	2 coffees, 1 beer, nothing after 4pm	Nil.	watched TV after dinner, 3 hours	3 - felt a bit tired today	4 - felt very tense when I went to bed	Read for 1 hour	10:30pm	40 min	5:10am	6 hrs 40 min	Once at 2am, back to sleep after 20 minutes	3 - felt somewhat rested when I woke up

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