Sleep Diary Name:…………………………………………. Week Beginning:……………………………….......................

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Day 1** | | **Day 2** | | **Day 3** | | **Day 4** | | **Day 5** | | **Day 6** | | **Day 7** | |
| 1. What time did you go to bed last night? |  | |  | |  | |  | |  | |  | |  | |
| 2. What time did you to fall asleep? |  | |  | |  | |  | |  | |  | |  | |
| 3. Did you wake up during the night? | Yes/No | | Yes/No | | Yes/No | | Yes/No | | Yes/No | | Yes/No | | Yes/No | |
| 3.1 If yes**,** how many times and what time? |  | |  | |  | |  | |  | |  | |  | |
| 3.2 If yes, how long were you up for each time? |  | |  | |  | |  | |  | |  | |  | |
| 3.3 If yes, what did you do when you were awake during the night? |  | |  | |  | |  | |  | |  | |  | |
| 4. What time did you wake today? |  | |  | |  | |  | |  | |  | |  | |
| 5. Were you woken up by someone? | Yes/No | | Yes/No | | Yes/No | | Yes/No | | Yes/No | | Yes/No | | Yes/No | |
| 5. What time did you get out of bed  today? |  | |  | |  | |  | |  | |  | |  | |
| 6. What time did you leave the house? |  | |  | |  | |  | |  | |  | |  | |
| 7. Did you have breakfast? | Yes/No | | Yes/No | | Yes/No | | Yes/No | | Yes/No | | Yes/No | | Yes/No | |
| 8. How did you feel once you were awake today?  (please tick) |  | Very good |  | Very good |  | Very good |  | Very good |  | Very good |  | Very good |  | Very good |
|  | Good |  | Good |  | Good |  | Good |  | Good |  | Good |  | Good |
|  | OK |  | OK |  | OK |  | OK |  | OK |  | OK |  | OK |
|  | Bad |  | Bad |  | Bad |  | Bad |  | Bad |  | Bad |  | Bad |
|  | Very bad |  | Very bad |  | Very bad |  | Very bad |  | Very bad |  | Very bad |  | Very bad |
| 9. Generally, how sleepy do you feel today?  (please tick) |  | Not at all |  | Not at all |  | Not at all |  | Not at all |  | Not at all |  | Not at all |  | Not at all |
|  | Not really |  | Not really |  | Not really |  | Not really |  | Not really |  | Not really |  | Not really |
|  | OK |  | OK |  | OK |  | OK |  | OK |  | OK |  | OK |
|  | Quite a Lot |  | Quite a Lot |  | Quite a lot |  | Quite a lot |  | Quite a lot |  | Quite a lot |  | Quite a lot |
|  | Very much |  | Very much |  | Very much |  | Very much |  | Very much |  | Very much |  | Very much |
| 10. How was your sleep last night compared to normal?  (please tick) |  | Much better |  | Much better |  | Much better |  | Much better |  | Much better |  | Much better |  | Much better |
|  | Better |  | Better |  | Better |  | Better |  | Better |  | Better |  | Better |
|  | Same |  | Same |  | Same |  | Same |  | Same |  | Same |  | Same |
|  | Worse |  | Worse |  | Worse |  | Worse |  | Worse |  | Worse |  | Worse |
|  | Much worse |  | Much worse |  | Much worse |  | Much worse |  | Much worse |  | Much worse |  | Much worse |