Sleep diary



Keeping a record of your sleep patterns is a great way to monitor your daily activities and habits which may impact your sleep



How was your day?

Answer these questions as accurately as possible at the end of each day.

When you wake up the next morning, scroll down and answer the questions for 'How was your sleep?' Repeat this process until you have completed the week.

MONDAY

How are you feeling?

How much 'me' time have you had today? E.g. time for an activity that relaxes you

How much exercise have you done today?

Think type of exercise, duration, number of steps etc.

Yes If yes, what

and when?

Have you had any caffeinated drinks?

Have you had any alcohol? No Yes

If yes, what

and when?

Yes No

Have you had a nap today?

If yes, at what time and for how long?

Did anything out of the ordinary happen today?

TUESDAY

How are you feeling?

Have you had any caffeinated drinks?

Yes

Yes

Yes

No

If yes, what

How much exercise have you done today?

Think type of exercise, duration, number of steps etc.

How much 'me' time have you had today?

E.g. time for an activity that relaxes you

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How much 'me' time have you had today?

E.g. time for an activity that relaxes you

How much exercise have you done today?

Think type of exercise, duration, number of steps etc.

and when?

Have you had any alcohol? If yes, what

and when?

Have you had a nap today?

No

If yes, at what time and for how long?

Did anything out of the ordinary happen today?

How are you feeling?

WEDNESDAY

Yes

Have you had any caffeinated drinks?

Have you had any alcohol?

If yes, what and when?

If yes, what

Yes No

and when? Have you had a nap today?

Yes

If yes, at what time and for how long?

No

Did anything out of the ordinary happen today?

XX

THURSDAY

Yes

Yes

Yes

Have you had any caffeinated drinks?

How are you feeling?

Have you had any alcohol? If yes, what

and when?

If yes, what

and when?

Have you had a nap today?

No

If yes, at what time and for how long?

How are you feeling?

Did anything out of the ordinary happen today?

Have you had any caffeinated drinks? Yes No

Yes

Yes

If yes, what and when?

Have you had any alcohol?

Have you had a nap today?

If yes, at what time

and for how long?

How are you feeling?

No If yes, what and when?

Did anything out of the ordinary happen today?

No

Yes

Yes

Yes

No

No

No

Have you had any caffeinated drinks?

Have you had a nap today?

If yes, what and when? Have you had any alcohol?

If yes, what

and when?

If yes, at what time

and for how long?

Did anything out of the ordinary happen today?

How are you feeling?

Have you had any caffeinated drinks?

If yes, what and when?

No

Have you had a nap today?

Yes No

Yes

No If yes, what and when?

Have you had any alcohol? Yes

If yes, at what time

and for how long?

Did anything out of the ordinary happen today?

FRIDAY

How much 'me' time have you had today?

E.g. time for an activity that relaxes you

How much exercise have you done today?

Think type of exercise, duration, number of steps etc.

SATURDAY

XX

How much 'me' time have you had today?

E.g. time for an activity that relaxes you

How much exercise have you done today?

Think type of exercise, duration, number of steps etc.

SUNDAY How much 'me' time have you had today?

> How much exercise have you done today? Think type of exercise, duration, number of steps etc.

E.g. time for an activity that relaxes you

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MONDAY

How do you feel this morning?





















How did you sleep last night?





What time did you go to bed last night?

What time did you wake up this morning?

Do you feel like you went to sleep easily last night?

Yes

No

Did you have a restful sleep last night?

No

have affected your sleep? Environment, medication etc.

Any factors that may

TUESDAY

How do you feel this morning?







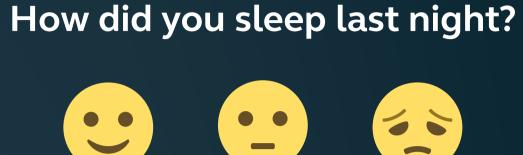




No

Did you have a restful

sleep last night?









No

What time did you go to bed last night?

Yes

What time did you wake up this morning?

Any factors that may

Do you feel like you went

to sleep easily last night?

have affected your sleep? Environment, medication etc.

How do you feel this morning?

WEDNESDAY

















How did you sleep last night?



No



What time did you go to bed last night?

Do you feel like you went Yes No to sleep easily last night?

have affected your sleep? Environment, medication etc.

Any factors that may

What time did you wake up this morning?

Did you have a restful Yes sleep last night?

How do you feel this morning?

THURSDAY

















What time did you wake up this morning?

How did you sleep last night?





No

What time did you go to bed last night?

Do you feel like you went Did you have a restful No to sleep easily last night? sleep last night?

have affected your sleep?

Any factors that may

Environment, medication etc.

FRIDAY

How do you feel this morning?



















How did you sleep last night?





Do you feel like you went No to sleep easily last night?

What time did you go to bed last night?

Did you have a restful No sleep last night?

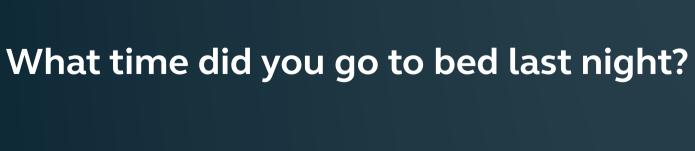
How do you feel this morning?

have affected your sleep?

Any factors that may

Environment, medication etc.

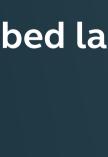
SATURDAY



Do you feel like you went

to sleep easily last night?



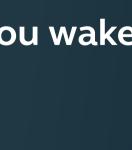




No

Did you have a restful

sleep last night?



How did you sleep last night?



No

Any factors that may

How do you feel this morning?

have affected your sleep? Environment, medication etc.

SUNDAY

How did you sleep last night?











No





Did you have a restful

sleep last night?





No

What time did you go to bed last night?

What time did you wake up this morning?

Any factors that may have affected your sleep? Environment, medication etc.

Do you feel like you went

to sleep easily last night?

How was your day?

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How much exercise have you done today?

Think type of exercise, duration, number of steps etc.

Have you had any caffeinated drinks? Yes

If yes, what and when?

Have you had any alcohol? No Yes

If yes, what and when?

Have you had a nap today?

Yes No If yes, at what time

and for how long? Did anything out of the ordinary happen today?

How are you feeling?

TUESDAY

Have you had any caffeinated drinks?

If yes, what

and when? Have you had any alcohol?

Yes

Yes

No

If yes, what and when?

Have you had a nap today? No Yes If yes, at what time

Did anything out of the ordinary happen today?

How are you feeling?

and for how long?

WEDNESDAY

Have you had any caffeinated drinks? Yes

and when? Have you had any alcohol?

If yes, what

If yes, what and when?

No

Have you had a nap today?

Yes

Yes

No Yes If yes, at what time

Did anything out of the ordinary happen today?

and for how long?

THURSDAY

How are you feeling?

How much exercise have you done today?

FRIDAY

SATURDAY

XX

XX

Have you had any caffeinated drinks?

If yes, what

and when?

and for how long?

Have you had any alcohol? Yes No If yes, what and when?

Have you had a nap today? Yes If yes, at what time

Did anything out of the ordinary happen today?

How are you feeling?

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If yes, what

and when?

Yes No If yes, what and when?

Have you had any alcohol?

Yes

No

Yes No If yes, at what time and for how long?

Have you had a nap today?

Did anything out of the ordinary happen today?

How are you feeling?

Have you had any caffeinated drinks?

Yes No If yes, what and when?

No

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Yes

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No

No

Have you had a nap today? No

If yes, at what time

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Have you had any alcohol?

How are you feeling?

and when? Have you had any alcohol?

If yes, what

Have you had any caffeinated drinks?

If yes, what and when?

Have you had a nap today? Yes No If yes, at what time

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SUNDAY

How much 'me' time have you had today?

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MONDAY

How do you feel this morning?





















How did you sleep last night?





What time did you go to bed last night?

What time did you wake up this morning?

Do you feel like you went to sleep easily last night?

Yes

No

Did you have a restful sleep last night?

No

have affected your sleep? Environment, medication etc.

Any factors that may

TUESDAY

How do you feel this morning?

What time did you go to bed last night?











No



How did you sleep last night?





No

Yes

What time did you wake up this morning?

Any factors that may have affected your sleep?

Do you feel like you went

to sleep easily last night?

Did you have a restful

sleep last night?

Environment, medication etc.

How do you feel this morning?

WEDNESDAY









Yes



No

How did you sleep last night?

What time did you go to bed last night?

Did you have a restful

sleep last night?

What time did you wake up this morning?

Yes

Any factors that may have affected your sleep? Environment, medication etc.

Do you feel like you went

to sleep easily last night?

How do you feel this morning?

THURSDAY











How did you sleep last night?



No

What time did you wake up this morning?

sleep last night?

No

No

Do you feel like you went

Any factors that may have affected your sleep? Environment, medication etc.

to sleep easily last night?

Did you have a restful

FRIDAY

How do you feel this morning?

















What time did you wake up this morning?

How did you sleep last night?





Do you feel like you went No to sleep easily last night?

What time did you go to bed last night?

Did you have a restful No sleep last night?

How do you feel this morning?

have affected your sleep?

Any factors that may

Environment, medication etc.

SATURDAY



Any factors that may

Environment, medication etc.



Do you feel like you went

have affected your sleep?



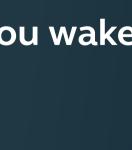




No

Did you have a restful

sleep last night?



How did you sleep last night?



No

to sleep easily last night?

How do you feel this morning?



SUNDAY







What time did you go to bed last night?

What time did you wake up this morning?

Do you feel like you went No to sleep easily last night? Any factors that may

have affected your sleep?

Environment, medication etc.

sleep last night?

Did you have a restful

No

How was your day?

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Think type of exercise, duration, number of steps etc.

Have you had any caffeinated drinks? Yes If yes, what

and when?

No Yes

Have you had any alcohol?

If yes, what and when?

Have you had a nap today?

Yes No

If yes, at what time and for how long?

Did anything out of the ordinary happen today?

TUESDAY

How are you feeling?

Yes

Yes

Yes

No

No

Have you had any caffeinated drinks?

If yes, what

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WEDNESDAY

How are you feeling?

Yes

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If yes, what and when?

If yes, what

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and when? Have you had a nap today?

Have you had any alcohol?

Yes

No If yes, at what time and for how long?

Did anything out of the ordinary happen today?

THURSDAY

XX

FRIDAY

SATURDAY

SUNDAY

XX

How are you feeling?

If yes, what

If yes, what

and when?

Have you had any caffeinated drinks? Yes

and when? Have you had any alcohol?

Yes No

Yes

Have you had a nap today? If yes, at what time and for how long?

How are you feeling?

If yes, what

and when?

If yes, what

and when?

If yes, at what time

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Have you had any alcohol?

Did anything out of the ordinary happen today?

Yes

Yes

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Have you had any caffeinated drinks? No

Have you had a nap today?

No

No

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Yes

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Yes

How are you feeling?

No

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No

Have you had any alcohol?

Have you had a nap today?

Have you had any caffeinated drinks? If yes, what and when?

> If yes, what and when?

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Answer these questions as accurately as possible when you wake up each day.

Remember to check in again at the end of the day, scroll up and answer the questions for 'How was your day?' Repeat this process until you have completed the week.

MONDAY

How do you feel this morning?























What time did you go to bed last night?

What time did you wake up this morning?

Do you feel like you went to sleep easily last night?

Yes

No

Did you have a restful sleep last night?

No

have affected your sleep? Environment, medication etc.

Any factors that may

TUESDAY

How do you feel this morning?

What time did you go to bed last night?















How did you sleep last night?





What time did you wake up this morning?

Any factors that may have affected your sleep?

Do you feel like you went

to sleep easily last night?

No

Did you have a restful sleep last night?

Yes

No

Environment, medication etc.

How do you feel this morning?

WEDNESDAY









Yes



No





Did you have a restful

sleep last night?



How did you sleep last night?



No

What time did you go to bed last night?

Yes

What time did you wake up this morning?

Any factors that may have affected your sleep?

Do you feel like you went

to sleep easily last night?

Environment, medication etc.

THURSDAY How do you feel this morning?







What time did you go to bed last night?





No

How did you sleep last night?

What time did you wake up this morning?

Any factors that may have affected your sleep?

Do you feel like you went

to sleep easily last night?

Environment, medication etc.

FRIDAY

How did you sleep last night?















Did you have a restful

sleep last night?







No

Do you feel like you went No to sleep easily last night?

How do you feel this morning?

Did you have a restful No sleep last night?

How do you feel this morning?

have affected your sleep?

Any factors that may

Environment, medication etc.

SATURDAY



Did you have a restful



How did you sleep last night?





Do you feel like you went No to sleep easily last night?

What time did you go to bed last night?

sleep last night?

How do you feel this morning?

have affected your sleep?

Any factors that may

Environment, medication etc.

SUNDAY







Any factors that may

Environment, medication etc.

have affected your sleep?













No

No

What time did you wake up this morning?

Do you feel like you went No to sleep easily last night?

sleep last night?

Did you have a restful

How was your day?

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Have you had any caffeinated drinks? Yes

If yes, what

and when?

No Yes

Have you had any alcohol?

If yes, what and when?

Yes No

Have you had a nap today? If yes, at what time

and for how long?

Did anything out of the ordinary happen today?

TUESDAY

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Yes

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and when?

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If yes, at what time and for how long?

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WEDNESDAY

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Have you had any alcohol? Yes No

If yes, what and when?

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and when?

Have you had a nap today? If yes, at what time

No Yes

Did anything out of the ordinary happen today?

and for how long?

How are you feeling?

THURSDAY

XX

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If yes, what

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Have you had any alcohol? Yes No If yes, what and when?

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Have you had any alcohol?

If yes, what and when?

No

If yes, what and when?

Have you had a nap today? Yes No

Yes

Yes

If yes, at what time and for how long?

Did anything out of the ordinary happen today?

Think type of exercise, duration, number of steps etc.

FRIDAY

SATURDAY

SUNDAY

XX

How much exercise have you done today?

How much 'me' time have you had today?

E.g. time for an activity that relaxes you

How much 'me' time have you had today?

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What time did you wake up this morning?

Do you feel like you went to sleep easily last night?

Any factors that may

No

Did you have a restful sleep last night?

No

have affected your sleep? Environment, medication etc.

TUESDAY

How do you feel this morning?







What time did you go to bed last night?





No



Did you have a restful

sleep last night?



How did you sleep last night?





No

What time did you wake up this morning?

Yes

Any factors that may have affected your sleep?

Do you feel like you went

to sleep easily last night?

Environment, medication etc.

How do you feel this morning?

WEDNESDAY









Yes



No



Did you have a restful

sleep last night?



How did you sleep last night?





No

What time did you go to bed last night?

Yes

What time did you wake up this morning?

Any factors that may have affected your sleep?

Do you feel like you went

to sleep easily last night?

Environment, medication etc.

THURSDAY

How do you feel this morning?











How did you sleep last night?

What time did you wake up this morning?

What time did you go to bed last night?

to sleep easily last night?

Do you feel like you went

Any factors that may have affected your sleep? Environment, medication etc.

No

Did you have a restful

sleep last night?

No

FRIDAY

How do you feel this morning?





















How did you sleep last night?





Do you feel like you went No to sleep easily last night?

Did you have a restful No sleep last night?

How do you feel this morning?

have affected your sleep?

Any factors that may

Environment, medication etc.

SATURDAY



Did you have a restful

sleep last night?



How did you sleep last night?





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What time did you go to bed last night?

Did you have a restful sleep last night?

No

Any factors that may have affected your sleep? Environment, medication etc.

Do you feel like you went

to sleep easily last night?

Time to reflect

Looking back at your sleep diary, have you noticed any patterns in your daily routines that have affected your quality of sleep?

To help me get a better quality sleep, I am going to:



