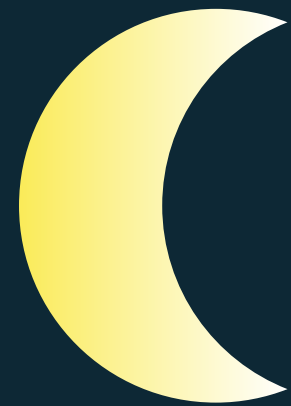


Sleep diary



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



Week 1

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No If yes, what and when?

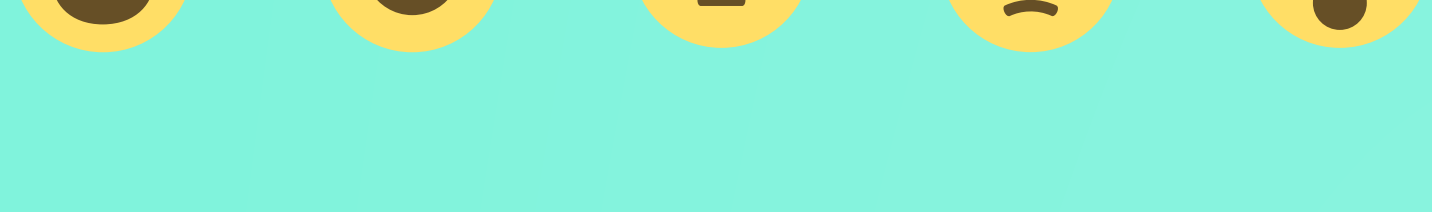
Have you had a nap today?

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

Did anything out of the ordinary happen today?

TUESDAY

How are you feeling?



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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No If yes, what and when?

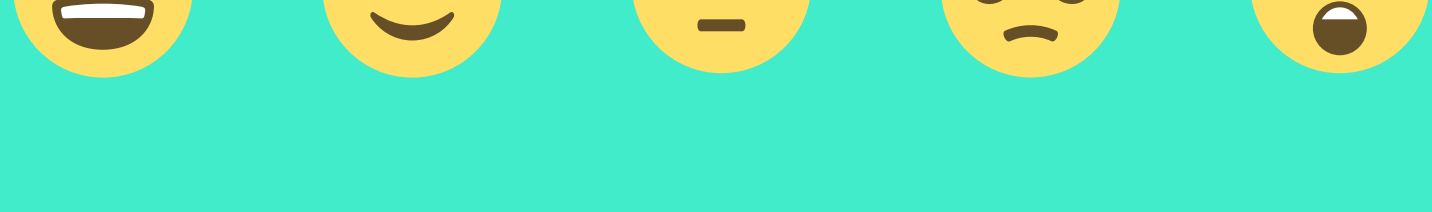
Have you had a nap today?

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

Did anything out of the ordinary happen today?

WEDNESDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

THURSDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

FRIDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

SATURDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

SUNDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

Week 1

Week 1

How was your sleep last night?

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?



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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

TUESDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

WEDNESDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

THURSDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

FRIDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

SATURDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

SUNDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

Week 1

Week 2

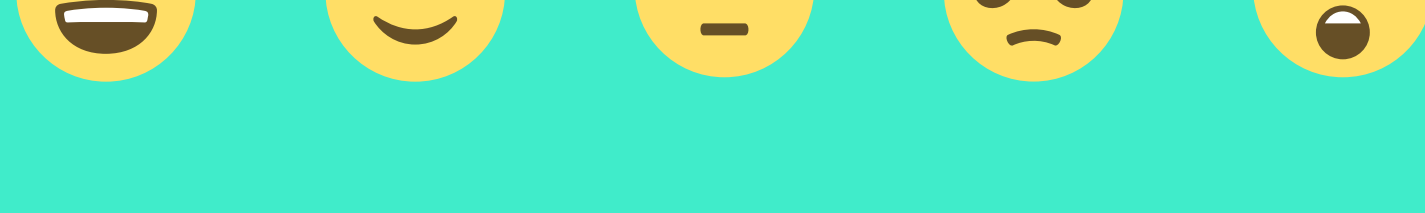
How was your day?

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No If yes, what and when?

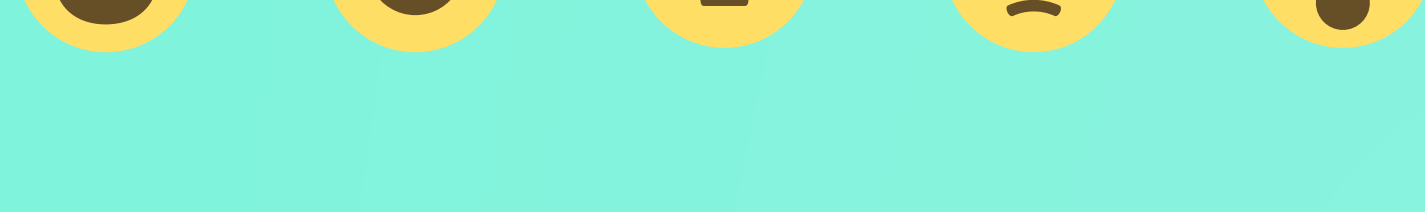
Have you had a nap today?

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

Did anything out of the ordinary happen today?

TUESDAY

How are you feeling?



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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No If yes, what and when?

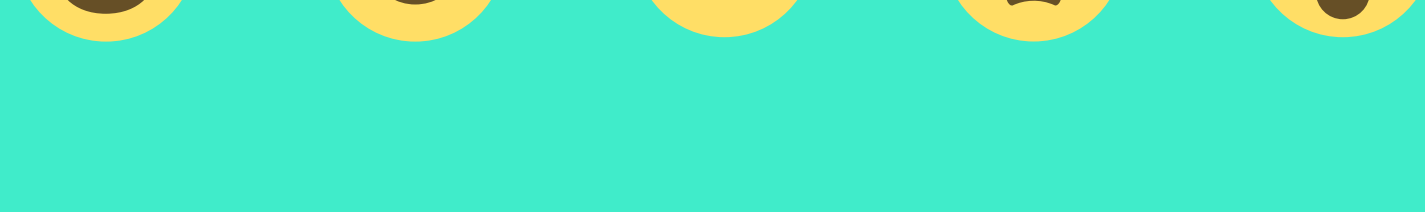
Have you had a nap today?

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

Did anything out of the ordinary happen today?

WEDNESDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

THURSDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

FRIDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

SATURDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

SUNDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

Week 2

Week 2

How was your sleep last night?

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?



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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

TUESDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

WEDNESDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

THURSDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

FRIDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

SATURDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

SUNDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

Week 2

Week 3

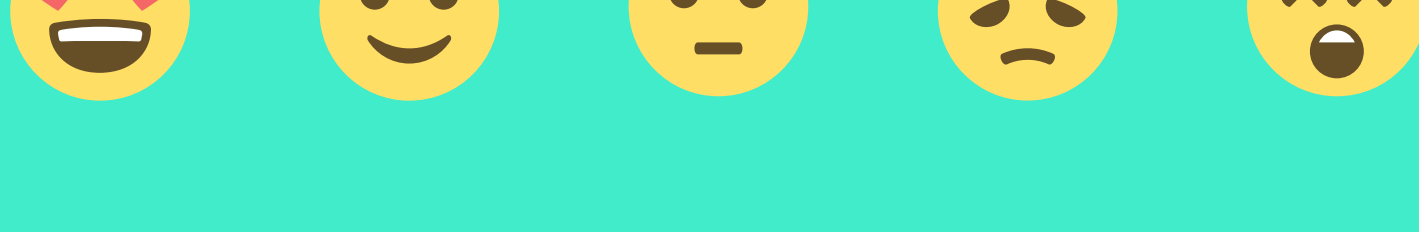
How was your day?

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?



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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No If yes, what and when?

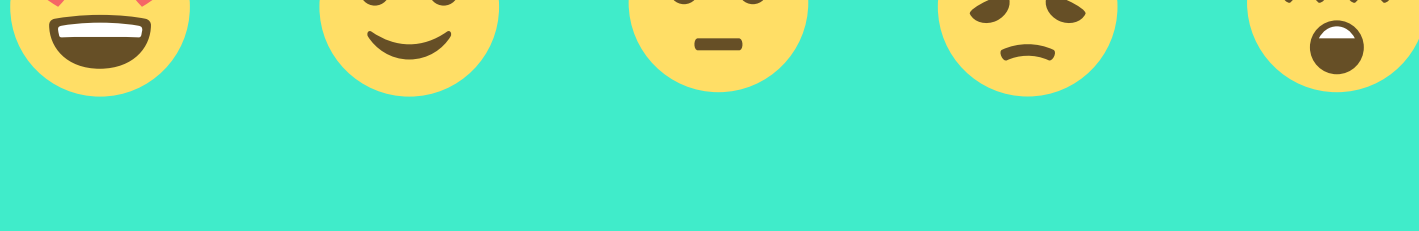
Have you had a nap today?

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

Did anything out of the ordinary happen today?

WEDNESDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No If yes, what and when?

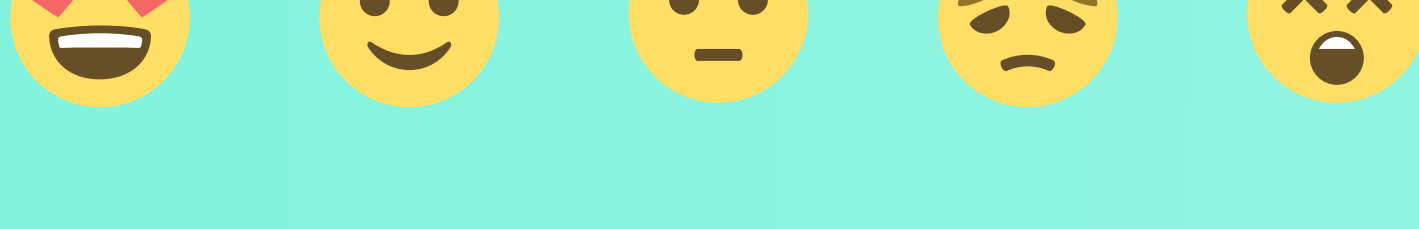
Have you had a nap today?

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

Did anything out of the ordinary happen today?

THURSDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No If yes, what and when?

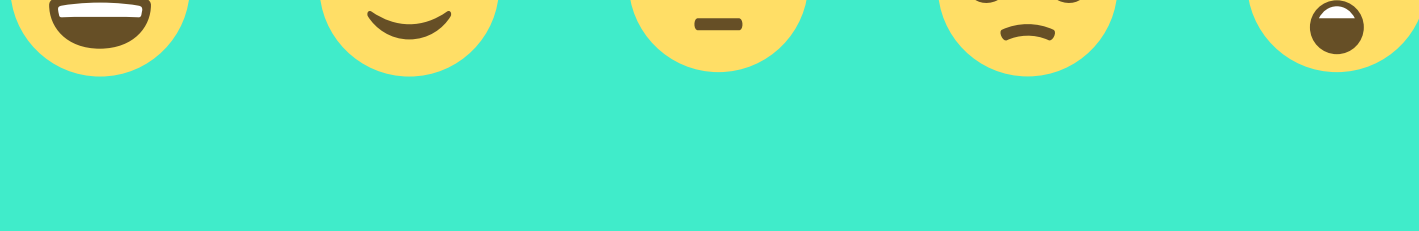
Have you had a nap today?

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

Did anything out of the ordinary happen today?

FRIDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No If yes, what and when?

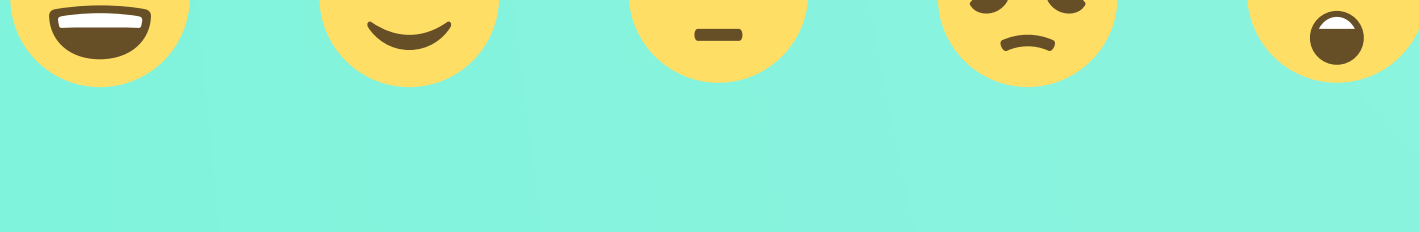
Have you had a nap today?

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

Did anything out of the ordinary happen today?

SATURDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No If yes, what and when?

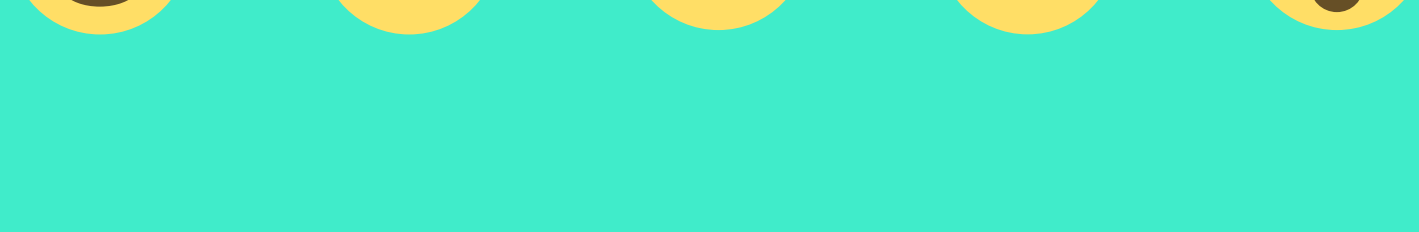
Have you had a nap today?

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

Did anything out of the ordinary happen today?

SUNDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

Week 3

Week 3

How was your sleep last night?

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?



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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

TUESDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

WEDNESDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

THURSDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

FRIDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

SATURDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

SUNDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

Week 3

Week 4

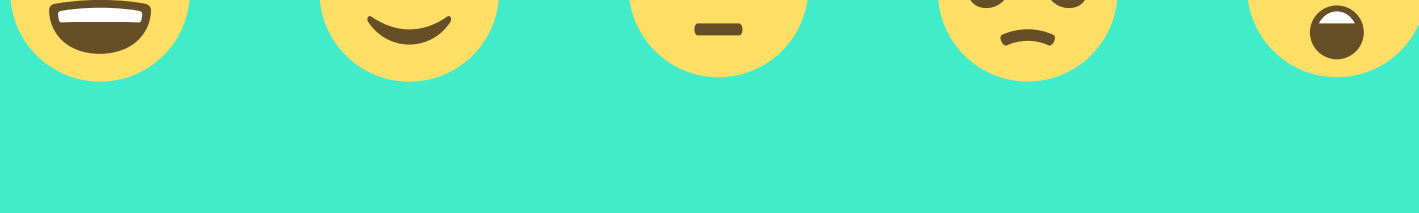
How was your day?

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No If yes, what and when?

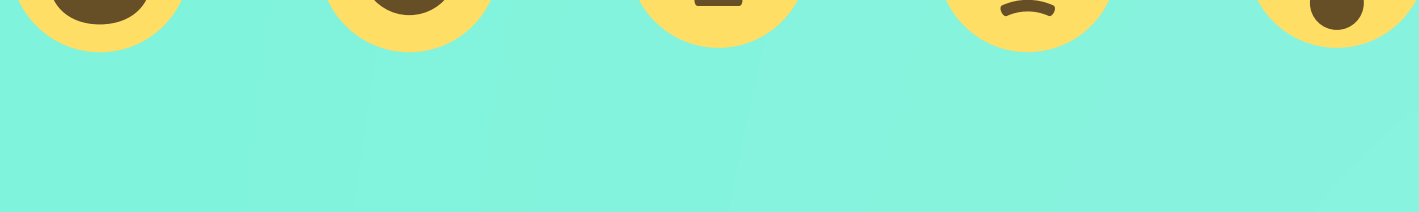
Have you had a nap today?

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

Did anything out of the ordinary happen today?

TUESDAY

How are you feeling?



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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

WEDNESDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

THURSDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No If yes, what and when?

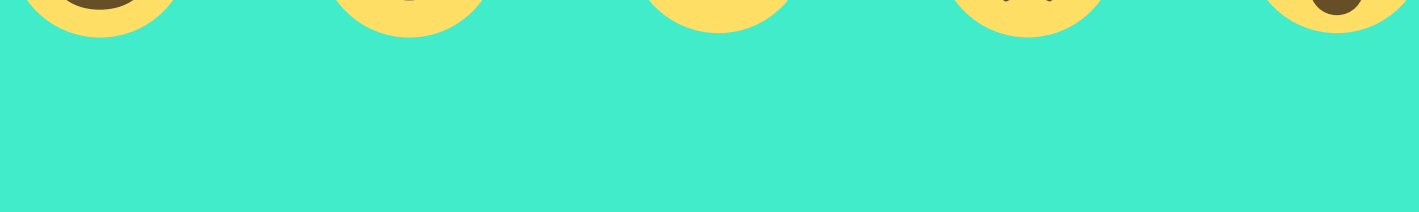
Have you had a nap today?

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

Did anything out of the ordinary happen today?

FRIDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

SATURDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

SUNDAY

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.

Have you had any caffeinated drinks?

Yes No If yes, what and when?

Have you had any alcohol?

Yes No 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?

Week 4

Week 4

How was your sleep last night?

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?



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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

TUESDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

WEDNESDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

THURSDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

FRIDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

SATURDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

SUNDAY

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?

Yes

No

Any factors that may have affected your sleep?

Environment, medication etc.

Week 4

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:

