

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, nico- tine? (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) Day mood (0-5, 5 most de- pressed)	Tension in bed (0-5, 5 most tense)	In-bed activities	Lights out (time)	Time to fall asleep (minutes)	Waking time	Woke up? (number of times, how long)	Hours slept	Rest score (0-5, 5 most rest- ed). Measure this after at least 40 min awake
Example:	2pm, 40 minutes	2 coffees, I beer, nothing after 4pm	Nil.	watched TV after dinner, 3 hours	3 - felt a bit tired today 2 - not really down	4 - felt very tense when I went to bed	Read for 1 hour	10:30рт	40 min	5:10am	Once at 2am, back to sleep after 20 minutes	6 hrs 40 min	3 - felt somewhat rested when I woke up
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