



Sleep Diary



What is a sleep diary?

A sleep diary is a daily record of the quality and length of your sleep the night before. This diary also enables you to record things that may be impacting your sleep such as food, beverages, stress, noise and activities.

Why should I keep a sleep diary?

It is difficult to remember everything that you ate, drank or did over the previous week that could have affected your sleep. It is also difficult to remember how many hours you slept every night and how refreshed you felt when you woke up in the morning. By keeping a diary, you and your doctor will be able to learn more about your sleep patterns and what negatively or positively affects your sleep. This may help the both of you to discover ways to improve your sleep.

How do I complete this sleep diary?

- Fill in the date and tick the relevant week circle
- Keep the sheet next to your bed with a pen for easy access
- Fill in the diary every day for at least one week – one side before going to bed and the reverse side in the morning on awakening
- Once completed, take it with you to your next doctor's appointment

How much sleep do I need?

Typically, adults need between 7 to 8 hours sleep per night.^{2,3} Good quality sleep will also feel different to different people. However, if you wake up feeling refreshed chances are you had a good night's sleep the night before.^{2,4}

Our sleeping habits change over our lifetime and sadly, as we get older, we tend to experience more sleep difficulties. Elderly people sleep fewer hours, take longer to fall asleep, sleep less deeply, wake more frequently and wake up earlier than their younger counterparts.^{2,5} But don't despair - poor sleep doesn't have to be an acceptable part of ageing.

Complete when you wake

WEEK 1 2 3 4
(please tick)

Beginning date: DD/MM/20YY	Went to bed at:	Fell asleep in:	Woke up during the night:	Got up for the day at:	Slept a total of:	When I got up I felt:
Day 1	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> tired
Day 2	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> tired
Day 3	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> tired
Day 4	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> tired
Day 5	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> tired
Day 6	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> tired
Day 7	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> tired

Other medications you are taking may affect your sleep. List your medications here and show this to your healthcare provider.

Complete before going to bed

WEEK 1 2 3 4
(please tick)

Beginning date: DD/MM/ 20YY	Exercised:	Had a nap:	Within 3 hours of going to sleep I had:	Time I took my Circadin [®] :	About 30 mins before bed I avoided:	About 30 mins before bed I relaxed with:	Went to bed at:
Day 1	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 2	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 3	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 4	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 5	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 6	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 7	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm

List below any other things that may have affected your sleep during the 3 weeks (e.g. partner snoring, dogs barking, worrying, room temperature, woke myself up snoring or gasping for air).
