**Sleep Diary**

Complete this diary each day: write in the shaded area just before going to bed, and the non-shaded area in the morning

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY/DATE**  |  |  |  |  |  |  |  |
| **Mood rating during the day (0-10, 0 = lowest mood)** |  |  |  |  |  |  |  |
| **Tiredness Level during the day (0-10, 10 = most tired)** |  |  |  |  |  |  |  |
| **Naps taken during the day. How many? How long for?** |  |  |  |  |  |  |  |
| **Activity during the day (0-10, 10 = most active)** |  |  |  |  |  |  |  |
| **Caffeine, nicotine, alcohol during day, and during evening?** |  |  |  |  |  |  |  |
| **What I did just before going to bed** |  |  |  |  |  |  |  |
| **Time I went to bed**  |  |  |  |  |  |  |  |
| **What did I do in bed?** **Read, TV, Phone, Music** |  |  |  |  |  |  |  |
| **Time I put the lights out** |  |  |  |  |  |  |  |
| **Number of minutes before I fell asleep** |  |  |  |  |  |  |  |
| **Time I woke up** |  |  |  |  |  |  |  |
| **Number of times I woke up throughout the night** |  |  |  |  |  |  |  |
| **Number of hours I slept** |  |  |  |  |  |  |  |
| **On waking up in the morning, how rested do I feel? 0 – 10 (10 most rested)** |  |  |  |  |  |  |  |