Leeds Community Healthcare NHS
NHS Trust

SLEEP DIARY

	What time did I go to bed?	What time did I wake up?	Did I have trouble falling asleep? (Yes or No)	Did I awaken during the night? How many times?	What woke me up?	What was I doing in the last 2 hours before going to bed?	How tired did I feel out of 5? (0=not tired, 5=could not keep eyes open)	Was there anything that I was worried or stressed about?
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								