

Complete before going to bed.

Week 1 2 3 4 (please tick)

Beginning date: / /	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"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a 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"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a 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"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a 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"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a 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"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a 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"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a 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"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm

This sleep diary has been reviewed and approved by Health Psychologist, Jenny Allison.

Keeping a sleep diary can help

A sleep diary is a simple way to record how you sleep and can help you and your doctor learn more about your sleep patterns plus uncover ways to improve your sleep.

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

Complete when you wake.

Week 1 2 3 4 (please tick)

Beginning date: / /	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"/> fatigued
Day 2	am/pm	minutes	.....times for .....minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued
Day 3	am/pm	minutes	.....times for .....minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued
Day 4	am/pm	minutes	.....times for .....minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued
Day 5	am/pm	minutes	.....times for .....minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued
Day 6	am/pm	minutes	.....times for .....minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued
Day 7	am/pm	minutes	.....times for .....minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued

Compare your diary with the sleep tips listed over the page. Are there some changes you can make for a better night's sleep?

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