SLEEP DIARY – WEEK ONE

Your Name:

Did you consume caffeine (e.g. coke, coffee) in the hour before bed? Yes / No *(please circle)*   If yes, how often? Every night / 3-4 nights per week / 1-2 nights per week *(please circle)*

Date	Day	Total time of all daytime naps (mins)	Time went to bed in evening	After going to your bedroom, what did you do? (*Tick all that apply*)	Time went to sleep	Number of awakenings during night	Total time awake during night (mins)	Time woke up next morning	Who or what woke you up in the morning? *(Please tick)*	Time got out of bed	Total Sleep Time *(see instructions for calculation)*	Mood Scale *(see instructions)*
2/7/14	*Mon*	*30 min*	*10:15pm*	Went straight to sleep ☐ Watched TV ☑ Read a book ☐ Played on the computer ☐ Listened to music ☑ Talked/text on phone ☐ Other: ____________	*10:50pm*	*2*	*20 min*	*7:15am*	Woke myself ☑ A family member ☐ Alarm clock ☐ Other: __________	*7:20am*	8 hours and 5 minutes	4
				Went straight to sleep ☐ Watched TV ☐ Read a book ☐ Played on the computer ☐ Listened to music ☐ Talked/text on phone ☐ Other: ____________					Woke myself ☐ A family member ☐ Alarm clock ☐ Other: __________			
				Went straight to sleep ☐ Watched TV ☐ Read a book ☐ Played on the computer ☐ Listened to music ☐ Talked/text on phone ☐ Other: ____________					Woke myself ☐ A family member ☐ Alarm clock ☐ Other: __________			
				Went straight to sleep ☐ Watched TV ☐ Read a book ☐ Played on the computer ☐ Listened to music ☐ Talked/text on phone ☐ Other: ____________					Woke myself ☐ A family member ☐ Alarm clock ☐ Other: __________			

Prepared by Dr Sarah Biggs, The Ritchie Centre, Monash University, 2015

SLEEP DIARY – WEEK ONE

Sleep Health FOUNDATION

Your Name:

Date	Day	Total time of all daytime naps (mins)	Time went to bed in evening	After going to your bedroom, what did you do? (*Tick all that apply*)	Time went to sleep	Number of awakenings during night	Total time awake during night (mins)	Time woke up next morning	Who or what woke you up in the morning? *(Please tick)*	Time got out of bed	Total Sleep Time *(see instructions for calculation)*	Mood Scale *(see instructions)*
				Went straight to sleep ☐ Watched TV ☐ Read a book ☐ Played on the computer ☐ Listened to music ☐ Talked/text on phone ☐ Other: ________________					Woke myself ☐ A family member ☐ Alarm clock ☐ Other: ____________			
				Went straight to sleep ☐ Watched TV ☐ Read a book ☐ Played on the computer ☐ Listened to music ☐ Talked/text on phone ☐ Other: ________________					Woke myself ☐ A family member ☐ Alarm clock ☐ Other: ____________			
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