

SLEEP DIARY – WEEK TWO



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? <i>(Tick all that apply)</i>	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? <i>(Please tick)</i>	Time got out of bed	Total Sleep Time <i>(see instructions for calculation)</i>	Mood Scale <i>(see instructions)</i>
				Went straight to sleep <input type="checkbox"/> Watched TV <input type="checkbox"/> Read a book <input type="checkbox"/> Played on the computer <input type="checkbox"/> Listened to music <input type="checkbox"/> Talked/text on phone <input type="checkbox"/> Other: _____					Woke myself <input type="checkbox"/> A family member <input type="checkbox"/> Alarm clock <input type="checkbox"/> Other: _____			
				Went straight to sleep <input type="checkbox"/> Watched TV <input type="checkbox"/> Read a book <input type="checkbox"/> Played on the computer <input type="checkbox"/> Listened to music <input type="checkbox"/> Talked/text on phone <input type="checkbox"/> Other: _____					Woke myself <input type="checkbox"/> A family member <input type="checkbox"/> Alarm clock <input type="checkbox"/> Other: _____			
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What was the one thing you changed about your sleep habits? _____

What effect did this one change have on:

- a. **The amount of sleep you got?** _____
- b. **The number of times you woke up during the night?** _____
- c. **How easy it was to wake up in the morning?** _____
- d. **Your mood?** _____