Sleep diary – Keep track of your sleep for a week

Fill in the sheet every morning

Record the day of the week below:	Last night I went to bed at:: (Record the time below)	Last night, I fell asleep at:: (Record the time below)	This morning I got out of bed at: (Record the time below)	Last night I slept a total of: (Record the number of hours)	I woke up during the night: (Record number of times)	When I woke up for the day, I felt: (Tick one)	My sleep was disturbed by: (List any mental, emotional, physical or environmental factors that affected your sleep, e.g. stress, snoring, physical discomfort, temperature, phone beeping)	About 1 hour before going to sleep, I did the following activity: (List activity; e.g. watched TV, did schoolwork, read a book, ate some food, drank something, used a phone or screen,)
Day 1 Day _____				_____ Hours	_____ Times	☐ Refreshed ☐ A bit refreshed ☐ A bit tired ☐ Very tired		
Day 2 Day _____				_____ Hours	_____ Times	☐ Refreshed ☐ A bit refreshed ☐ A bit tired ☐ Very tired		
Day 3 Day _____				_____ Hours	_____ Times	☐ Refreshed ☐ A bit refreshed ☐ A bit tired ☐ Very tired		
Day 4 Day _____				_____ Hours	_____ Times	☐ Refreshed ☐ A bit refreshed ☐ A bit tired ☐ Very tired		
Day 5 Day _____				_____ Hours	_____ Times	☐ Refreshed ☐ A bit refreshed ☐ A bit tired ☐ Very tired		
Day 6 Day _____				_____ Hours	_____ Times	☐ Refreshed ☐ A bit refreshed ☐ A bit tired ☐ Very tired		
Day 7 Day _____				_____ Hours	_____ Times	☐ Refreshed ☐ A bit refreshed ☐ A bit tired ☐ Very tired		

NAME: _____

DATE: _____