SLEEP DIARY

Name­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARYSUPPOER NAD SLEEP CENTREDate started\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Day of Week\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you ever, at any time, take any medication (prescribed or purchased over the counter) to aid your sleep? Yes No

If yes, please detail name of medication, dose & time on back page.

Instructions:

* Please leave diary near your bedside
* It is important that you fill out this chart each morning
* Mark your diary in the following way:

|  |  |  |
| --- | --- | --- |
| ACTIVITIES | | |
| A  C  P  M  S  X  T  N  W | -  -  -  -  -  -  -  -  - | each alcoholic drink  each caffeinated drink includes coffee, tea, chocolate, cola  every time you take a sleeping pill or tranquilliser  meals  snacks  exercise  use of toilet during sleep-time  noise that disturbs your sleep  time of wake-up alarm (if any) |
| SLEEP TIME (including naps) | | |
|  | -  -  -  - | mark with a “down” arrow each time you got into bed  mark with an “up” arrow each time you got out of bed  mark with a line the time you began and the time you ended your sleep;  Then join the line to indicate sleep periods  mark with a line the time you began and the time you ended any naps, either in the chair or in bed; then join up lines with a broken line to indicate nap periods |

*Please describe (on the back page) any events that influenced your sleep*

Example:

pm midnight am noon pm

6 8 10 12 2 4 6 8 10 12 2 4 6

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| A  ACTIVITIES  SLEEP  TIME | A | A |  | S |  |  |  |  |  | T |  |  |  | W | S |  |  |  |  | S |  | M |  |
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LIGHTS OUT\_12.30\_\_\_\_am / pm TOTAL SLEEP TIME\_\_\_\_\_\_\_6\_\_\_\_hrs

**Week 1**

pm midnight am noon pm

6 8 10 12 2 4 6 8 10 12 2 4 6

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| ACTIVITIES  SLEEP  TIME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

6 8 10 12 2 4 6 8 10 12 2 4 6

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| ACTIVITIES  SLEEP  TIME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

**Week 2**

pm midnight am noon pm

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| ACTIVITIES  SLEEP  TIME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

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| ACTIVITIES  SLEEP  TIME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

pm midnight am noon pm

6 8 10 12 2 4 6 8 10 12 2 4 6

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| ACTIVITIES  SLEEP  TIME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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LIGHTS OUT\_\_\_\_\_\_\_\_am pm TOTAL SLEEP TIME\_\_\_\_\_\_\_\_\_\_\_hrs

COMMENTS

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Day