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 |
| ACPMSXTNW | --------- | each alcoholic drinkeach caffeinated drink includes coffee, tea, chocolate, colaevery time you take a sleeping pill or tranquillisermealssnacksexerciseuse of toilet during sleep-timenoise that disturbs your sleeptime of wake-up alarm (if any) |
| SLEEP TIME (including naps) |
|  | ---- | mark with a “down” arrow each time you got into bedmark with an “up” arrow each time you got out of bedmark with a line the time you began and the time you ended your sleep;Then join the line to indicate sleep periodsmark 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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| AACTIVITIESSLEEPTIME | 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

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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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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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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

pm midnight am noon pm

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

COMMENTS

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Day