

**SLEEP DIARY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thu | Fri | Sat | Sun |
| 1. What time did you go to bed last night? |  |  |  |  |  |  |  |
| 2. What time did you settle down to sleep? |  |  |  |  |  |  |  |
| 3. How long did it take you to fall asleep? |  |  |  |  |  |  |  |
| 4. How much difficulty did you have in getting to sleep? *(A) a lot, (B) a bit, (C) not much, (D) none* |  |  |  |  |  |  |  |
| 5. How many times did you wake up?For how long do you think you were awake on each of these occasions? |  |  |  |  |  |  |  |
| 6. At what time did you finally wake up? |  |  |  |  |  |  |  |
| 7. How did you feel when you woke up this morning? *(A) refreshed and alert, (B) alert but not at peak, (C) tired, (D) absolutely shattered* |  |  |  |  |  |  |  |
| 8. At what time did you get up? |  |  |  |  |  |  |  |
| 9. How would you rate last night’s sleep? *(A) Very good, (B) good, (C) average, (D) poor, (E) Very poor* |  |  |  |  |  |  |  |
| 10. Before falling asleep last night was your mind: (A) Continuously active, (B) fairly active, (C) a little active, (D) not active |  |  |  |  |  |  |  |
| 11. Before falling asleep last night were you: (A) very anxious, (B) fairly anxious, (C) a little anxious, (D) not anxious |  |  |  |  |  |  |  |
| 12. How much alcohol did you drink yesterday? |  |  |  |  |  |  |  |