

Sleep Diary Activity

Completing a **Sleep Diary** is a great way to help personalise the information you have been learning about **Sleep Health**.

Your sleep diary will help you understand:

- How well you are sleeping
- If you are getting enough sleep
- What may be affecting the amount and quality of your sleep
- How sleep affects your mood, concentration, energy levels and other areas of your life

The following contains your two week sleep diary, which is easy to fill out and should only take 5 minutes each day to complete.

Why not encourage your family or a friend to join you in the activity.

Week 1

Complete the sleep diary by recording your usual sleep habits. This will give you a picture of your current sleep patterns, along with possible changes you could make.

Week 2

Change one or two sleep habits relevant to you from “10 Tips Link” . Take notes of any changes you observe, although it may take longer than a week to experience improvement.

Instructions

- Print your sleep diary and keep it with a pen, in a place where you will remember to complete it. Doing this in the morning is best, however consistency is the key.
- Fill in all sections of the sleep diary.
- Calculate your total sleep time. For example: Time to sleep at 10pm until time awake at 6.45am equals 8hrs 45mins. Minus time awake at night of 20mins. Total sleep time equals 8hrs 25mins.
- Talk to any of your friends and family who are also keeping a sleep diary and compare notes.
- Review your answers to look for patterns. For example, did you sleep better on days you skipped your afternoon coffee? Did a nap interfere with a good night’s sleep? Did using technology before bed impact your ability to fall asleep?

Sleep Diary Week One

Day/Date	What did you do 30 mins before going to sleep?	Time to sleep at night	Time you woke up in the morning	Total time of all daytime naps (mins)	Duration and number of times awakened during the night	Total sleep time	Who or what woke you up in the morning?	In the morning, how did you feel? (Rate yourself from 1-5)	Did you remember any dreams?
Day Date	<input type="radio"/> Read a book <input type="radio"/> Watched TV <input type="radio"/> Listened to music <input type="radio"/> Used technology (phone, computer, ipad etc.) <input type="radio"/> Other.....pmamamminsminstimeshrsmins	<input type="radio"/> Alarm Clock <input type="radio"/> Woke myself <input type="radio"/> A family member <input type="radio"/> Other	<input type="radio"/> 1 - Exhausted <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 - Refreshed	<input type="radio"/> Yes <input type="radio"/> No
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Sleep Diary Week Two

Day/Date	What did you do 30 mins before going to sleep?	Time to sleep at night	Time you woke up in the morning	Total time of all daytime naps (mins)	Duration and number of times awakened during the night	Total sleep time	Who or what woke you up in the morning?	In the morning, how did you feel? (Rate yourself from 1-5)	Did you remember any dreams?
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