Sleep Diary

1. Fill in the date, weekday and type of day (i.e. work, school, free day, holiday etc).
2. Fill in the letter ‘C’ for caffeine intake (coffee, cola, tea), the letter ‘M’ for medicine intake and ‘A’ for alcohol intake.
3. Place a cross at the time that you went to bed. Colour in the box at the time you think you fall asleep.
4. Colour in all the boxes at the times that you think you were asleep (both through the night and through the daytime).
5. Do not colour in any of the boxes for the times that you were awake (both at night and through the day).

Date	Weekday	Type	0:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
01/01	Monday	Work										C									M		C	A		
Week 1																										
Week 2																										