Name: Date:

SLEEP DIARY
Worksheet

About this worksheet

The quantity and quality of your sleep can influence how you feel, how you perform at work, school or at other activities, and how you interact with others. A sleep diary can be used to gather information about your daily sleep pattern. This information can be used to improve the quality or quantity of your sleep.

Instructions

1. Please complete the sleep diary on the next page for each day of the next week.
2. Please record your information daily as this ensures a more accurate record of your sleep/wake patterns. The information you will record in your sleep diary includes:
   - When you try to go to sleep
   - What you do before you sleep that helps or hinders sleep onset
   - Your sleep/wake patterns during the night
   - What keeps you awake or hinders return to sleep if you wake during the night
   - How you feel when you awake from sleep

You may be concerned that answering these questions will keep you awake. This has not been found to not be a problem.

The length of time spent sleeping or being awake does not have to be recorded perfectly, and can be your best estimate.

References

Ree, M., Junge, M., & Cunnington, D. (2017). Australasian Sleep Association position statement regarding the use of psychological/behavioral treatments in the management of insomnia in adults. *Sleep Medicine, 36,* S43-S47. https://doi.org/10.1016/j.sleep.2017.03.017

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SLEEP DIARY

APS psychology.org.au

Name:

Date:

Today's date	e.g. 8/1/23							
What time did you get to bed?	10:00 pm							
What time did you get to sleep?	11:15 pm							
What time did you wake up?	7:00 am							
What was the total amount of sleep you got during the night?	5 hours							
What was the total time you were awake during the night?	2h 45m							
What were the reasons for these awakenings? 1) Physical (pain, noise) 2) Cognitive (ruminations, worries) 3) Emotional (nightmare)	Pain - -							
Please tick your consumption of the following during the evening	☑ Caffeine drinks ☐ Chocolate ☑ Alcohol ☐ Medication	☐ Caffeine drinks ☐ Chocolate ☐ Alcohol ☐ Medication	☐ Caffeine drinks ☐ Chocolate ☐ Alcohol ☐ Medication	☐ Caffeine drinks ☐ Chocolate ☐ Alcohol ☐ Medication	☐ Caffeine drinks ☐ Chocolate ☐ Alcohol ☐ Medication	☐ Caffeine drinks ☐ Chocolate ☐ Alcohol ☐ Medication	☐ Caffeine drinks ☐ Chocolate ☐ Alcohol ☐ Medication	☐ Caffeine drinks ☐ Chocolate ☐ Alcohol ☐ Medication
How rested did you feel on waking?	☐ Very poor ☐ Poor ☑ Fair ☐ Good ☐ Very Good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very Good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very Good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very Good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very Good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very Good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very Good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very Good
Comments (if applicable)	I've hurt my back							

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