Sleep Diary

Name: **Week Beginning:** **Case No:**

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
1. What time did you go to bed last night?							
2. How long did it take you to fall asleep?							
3. Did you wake up during the night?							
4. If yes how many times?							
5. How long were you up for each time?							
6. What did you do when you were awake during the night?							
7. What time did you wake today?							
8. What time did you get out of bed today?							
9. What time did you leave the house?							
10. Did you have breakfast?							
11. How did you feel once you were awake today? (please tick)	Very good	Very good	Very good	Very good	Very good	Very good	Very good
	Good	Good	Good	Good	Good	Good	Good
	OK	OK	OK	OK	OK	OK	OK
	Bad	Bad	Bad	Bad	Bad	Bad	Bad
	Very bad	Very bad	Very bad	Very bad	Very bad	Very bad	Very bad
12. Generally, how sleepy do you feel today? (please tick)	Not at all	Not at all	Not at all	Not at all	Not at all	Not at all	Not at all
	Not really	Not really	Not really	Not really	Not really	Not really	Not really
	OK	OK	OK	OK	OK	OK	OK
	Quite a Lot	Quite a Lot	Quite a lot	Quite a lot	Quite a lot	Quite a lot	Quite a lot
	Very much	Very much	Very much	Very much	Very much	Very much	Very much
13. How was your sleep last night compared to normal? (please tick)	Much better	Much better	Much better	Much better	Much better	Much better	Much better
	Better	Better	Better	Better	Better	Better	Better
	Same	Same	Same	Same	Same	Same	Same
	Worse	Worse	Worse	Worse	Worse	Worse	Worse
	Much worse	Much worse	Much worse	Much worse	Much worse	Much worse	Much worse