**Appendix 1: Sleep Diary**

Sleep is important for health and wellbeing. This sleep diary will help keep track of your sleeping routine.

It takes just a few minutes to complete each day – some questions need answering at the end of the day, some need answering first thing in the morning.

Please complete every day for 2 weeks. Don’t worry too much about giving exact answers, an estimate is ok.

Your completed diary will help us to review your sleep habits and find out how your sleep can be improved.

**Name:**

**Date beginning:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please write day of the week | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** | **Day 7** |
|  |  |  |  |  |  |  |
|  | Questions to answer at the end of the day, before bedtime | | | | |  |  |
| Did you have a nap during the day/evening and for how long? |  |  |  |  |  |  |  |
| How would you rate your mood during the day? (1 - very poor, 5 - very good) |  |  |  |  |  |  |  |
| How tired did you feel during the day from 1-5? (1 – not very tired, 5 – very tired) |  |  |  |  |  |  |  |
| What drinks did you have after 5pm? |  |  |  |  |  |  |  |
| How much exercise/activity have you done today? |  |  |  |  |  |  |  |
|  | Questions to answer in the morning about: | | | | |  |  |
|  | Bedtime | | | | |  |  |
| What time did you go to bed last night? |  |  |  |  |  |  |  |
| What did you do in the hour before bedtime? |  |  |  |  |  |  |  |
| What did you do in bed? E.g. read, watch TV |  |  |  |  |  |  |  |
| What time did you turn the lights off? |  |  |  |  |  |  |  |
| How long did it take you to fall asleep? |  |  |  |  |  |  |  |
|  | During the night | | | | |  |  |
| After falling asleep, how many times did you wake up in the night? |  |  |  |  |  |  |  |
| How long were you awake during the night in total? |  |  |  |  |  |  |  |
| What disturbed your sleep? E.g.  worry, noise, lights |  |  |  |  |  |  |  |
|  | Morning | | | | |  |  |
| What time did you wake up this morning? |  |  |  |  |  |  |  |
| What time did you get out of bed? |  |  |  |  |  |  |  |
| How would you rate the quality of your sleep last night? (1 - very poor, 5 - very good) |  |  |  |  |  |  |  |
| How do you feel this morning?   1. Refreshed 2. OK 3. Still tired |  |  |  |  |  |  |  |

What strategies have you tried to help you sleep?

Mark each strategy out of 5 (1 – not helpful, 5 - very helpful)

Any other comments?