

sleep diary

	Mon	Tue	Wed
Time you went to bed			
Time it took to fall asleep (hours/minutes)			
Number of times you woke up during the night			
Time you woke up in the morning			
Total amount of sleep (hours/minutes)			
Quality of sleep Scale of 1–10 (1=poor, 10=good)			
Factors that prevented sleep (e.g. pain, stress, noise etc.)			
Factors that were effective sleep aids (exercise, food, medication etc.)			
Water intake			
Caffeine/alcohol intake			
Comments			

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to print more copies of this plan.

Thu	Fri	Sat	Sun