



MY SLEEP DIARY (Day time)

PRINT & fill out this DOUBLE-SIDED form, every day, for a week - This side right before going to bed (or progressively throughout the day if easier). And on the flip side soon after waking up (so you can remember).

NOTE: This diary is entirely confidential, just for yourself. If you wish to discuss any of its contents with a sleep expert and want to book a private sleep consultation please contact julie@LibraRisingLimited.com or visit www.WeSleep.co.uk

Weekday: _____ Weekday: _____ Weekday: _____ Weekday: _____ Weekday: _____ Weekday: _____ Weekday: _____

Mood level during the day 1-10 (10 worst)							
Fatigue level during the day 1-10 (10 worst)							
Naps during day? What time? How long for?							
Activity during day? 0-10 (10 most active) - What type of day (work, weekend, holiday, sick..) ? - What did I mostly do today (laptop, meetings, chores, family time...) ? - Did I exercise ? (specify exercise type and times as well)							
What did I eat and drink during the day and evening? Specify times taken. (ex: meals and snacks as well as how much water, soft drinks, tea, coffee, hot chocolate, energy drinks, sodas etc)							
Any nicotine/cigarette, alcohol, medicine, drugs? Specify how much and the time when taken. Anything taken during the night should be written on the other side (night time).							
What did I do just before heading to bed? (ex: read, TV, sex, meditation, phone call, discussion, notes, diary, smartphone, laptop)							
What was mostly on my mind before going to bed?							
What time did I go to bed?							



MY SLEEP DIARY (Night time)

PRINT & fill out this DOUBLE-SIDED form, every day, for a week - This side soon after waking up (so you can remember). And on the flip side right before going to bed (or progressively throughout the day if easier).

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Night of _____ to _____ Night of _____ to _____ Night of _____ to _____ Night of _____ to _____ Night of _____ to _____ Night of _____ to _____ Night of _____ to _____

What did I do while in bed before falling asleep? (read, toilet, sex, tv, smartphone etc)							
What time did I put the lights out?							
Approximately how many minutes before I fell asleep? (estimate)							
Number of times I woke up during the night? How long was I awake for? What did I do while awake at night?							
Number of toilet visits during the night?							
What time did I wake up in the morning?							
How many hours did I sleep? (estimated total whether in chunks or continuously)							
When waking up this morning, how rested and refreshed did I feel? 0-10 (10 most rested and refreshed)							
When waking up this morning, how did I feel? (ex: calm, anxious, hungry, happy, energetic, sluggish etc) Any vivid dreams of nightmares?							