

Sleep diary



Use this diary to keep track of your sleep patterns over the course of two weeks.

Completing the diary can help you notice patterns and identify how certain behaviours and activities affect the quality of your sleep.



What to do

- Keep this diary outside of your bedroom.
- Fill out the chart each morning. It's important to do this when you wake up rather than later in the day.
- Include a note of all activities listed opposite.
- Note the time you switched the lights out for sleep.
- Add up your total number of hours of sleep every night when you wake up in the morning.
- Mark your diary using the letters and symbols, as shown in the 'activities' and 'sleep time' boxes.

Activities

- A** Each alcoholic drink
- C** Each caffeinated drink, includes coffee, tea, chocolate and cola
- P** Every time you take a sleeping pill or tranquilliser
- M** Meals
- S** Snacks
- X** Exercise or any out of breath activity
- T** Use of toilet during sleep-time
- N** Noise that disturbs your sleep
- W** Time of wake-up alarm (if any)

Sleep time (including naps)

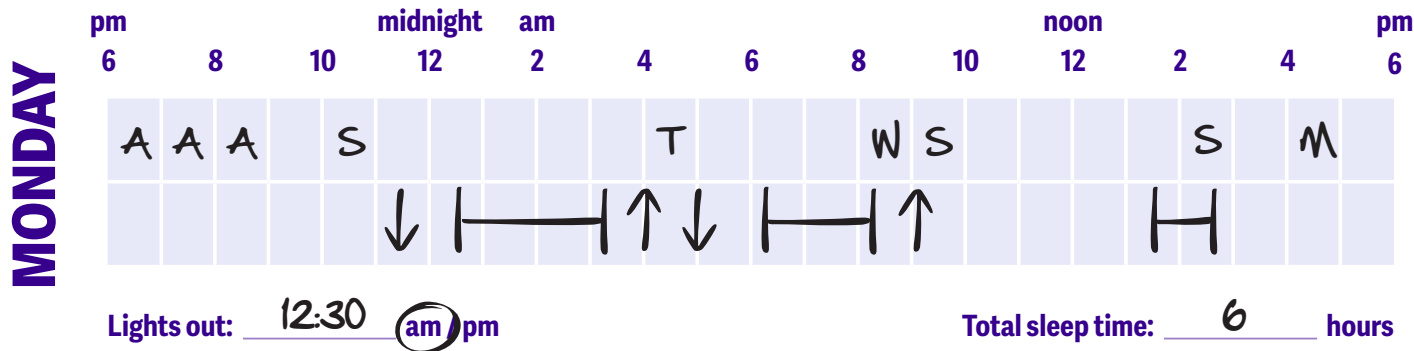
↓ Mark with a "down" arrow each time you got into bed.

↑ Mark with an "up" arrow each time you got out of bed.

Mark with a line the time you began and the time you ended your sleep; then join the line to indicate sleep periods.

Mark with a line the time you began and ended any naps, either in the chair or in bed in the day as well.

Example of a completed day and night



WEEK ONE

Complete the first line with notes on your activity – note what time your activities take place.

MONDAY

pm						midnight		am									noon					pm		
6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6

Lights out: _____ am / pm

Total sleep time: _____ hours

TUESDAY

pm						midnight		am									noon					pm		
6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6

Lights out: _____ am / pm

Total sleep time: _____ hours

[illegible]

Total sleep time: _____ hours

[illegible]

Total sleep time: _____ hours

WEEK ONE

Complete the first line with notes on your activity – note what time your activities take place.

FRIDAY

pm			midnight	am					noon			pm
6	8	10	12	2	4	6	8	10	12	2	4	6

Lights out: _____ am / pm

Total sleep time: _____ hours

SATURDAY

pm	midnight				am	noon				pm		
6	8	10	12	2	4	6	8	10	12	2	4	6

Lights out: _____ am / pm

Total sleep time: _____ hours

WEEK ONE

Complete the first line with notes on your activity – note what time your activities take place.

SUNDAY

pm					midnight		am									noon						pm
6	8	10	12	2	4	6	8	10	12	2	4	6										

Lights out: _____ am / pm

Total sleep time: _____ hours

Comments

WEEK TWO

Complete the first line with notes on your activity – note what time your activities take place.

MONDAY

pm						midnight		am									noon						pm	
6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6

Lights out: _____ am / pm

Total sleep time: _____ hours

TUESDAY

pm						midnight		am									noon						pm	
6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6

Lights out: _____ am / pm

Total sleep time: _____ hours

[illegible]

Total sleep time: _____ hours

[illegible]

Total sleep time: _____ hours

WEEK TWO

Complete the first line with notes on your activity – note what time your activities take place.

FRIDAY

pm						midnight		am									noon					pm
6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6				

Lights out: _____ am / pm

Total sleep time: _____ hours

SATURDAY

pm						midnight		am									noon					pm
6	8	10	12	2	4	6	8	10	12	2	4	6	8	10	12	2	4	6				

Lights out: _____ am / pm

Total sleep time: _____ hours

WEEK TWO

Complete the first line with notes on your activity – note what time your activities take place.

SUNDAY

pm					midnight		am									noon						pm
6	8	10	12	2	4	6	8	10	12	2	4	6										

Lights out: _____ am / pm

Total sleep time: _____ hours

Comments



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Mental Health Foundation would like to thank NHS Newcastle Sleep Service and Sleepio.

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