SLEEP DIARY – WEEK TWO

Your Name:



Did you consume caffeine (e.g. coke, coffee) in the hour before bed? Yes / No (please circle)

If yes, how often? Every night / 3-4 nights per week / 1-2 nights per week (please circle)

Date	Day	Total time of all daytime naps (mins)	Time went to bed in evening	After going to your bedroom, wha did you do? (<i>Tick all that apply</i>)	t Time went to sleep	Number of awakenings during night	Total time awake during night (mins)	Time woke up next morning	Who or what woke you up in the morning? (Please tick)	Time got out of bed	Total Sleep Time (see instructions for calculation)	Mood Scale (see instructions)
				Went straight to sleepIWatched TVIRead a bookIPlayed on the computerIListened to musicITalked/text on phoneIOther:I					Woke myself			
				Went straight to sleep Image: Constraint of the sleep Watched TV Image: Constraint of the sleep Read a book Image: Constraint of the sleep Played on the computer Image: Constraint of the sleep Listened to music Image: Constraint of the sleep Talked/text on phone Image: Constraint of the sleep Other: Image: Constraint of the sleep					Woke myself			
				Went straight to sleep Image: Constraint of the straight to sleep Watched TV Image: Constraint of the straight					Woke myself			
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				Went straight to sleep Watched TV Read a book Played on the computer Listened to music Talked/text on phone Other:						Woke myself			
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What was the one thing you changed about your sleep habits? ______

What effect did this one change have on:

- a. The amount of sleep you got? ______
- b. The number of times you woke up during the night? ______
- c. How easy it was to wake up in the morning?
- d. Your mood? ______