

# Sleep On It

## SLEEP DIARY

	Example	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Today's date (to fill out in the morning) DD/MM/AAAA	04/07/2020							
<b>SLEEP DURATION</b>								
1. Bedtime [HH : MM]:	22:15							
2. Sleep time (when you tried to fall asleep) [HH : MM]:	23:00							
3. Time it took to fall asleep [en min]:	15							
4. Number of awakenings during the night (excluding your final awakening):	2 times							
5. Total duration of these awakenings [en min]:	10							
6. A. Time of final awakening [HH : MM]:	06:35							
B. Time spent in bed trying to sleep after your final awakening? [en min]:	0							
C. Did you wake up earlier than you planned? [Yes/No]	Yes							
D. If yes, how much earlier? [en min]:	30							
7. Time out of bed today [HH : MM]:	06:45							
8. Total sleep duration: (Time spent in bed) - (time to fall asleep) - (total duration of awakenings) Example : (7 hrs 35 min) - (15 min) - (10 min) = 7 hrs 10 min [HH : MM]	07:10							
<b>SLEEP QUALITY</b>								
9. Sleep quality: [1=Very poor; 5=Very good]	2							
10. Sensation of restfulness when you woke up: [1=Not at all rested; 9=Very well-rested]	3							
11. A. Dream(s) or nightmare(s)? [None / Dream / Nightmare]	Nightmare							
B. Negative impact of your dreams or nightmare on the quality of your sleep? [1=Not at all; 9=Very much]	6							
<b>OTHER INFORMATION</b>								
12. A. Nap during the day yesterday? [Yes/No]	Yes							
B. If so, time of nap [HH : MM]:	14:00							
C. Duration of nap [en min]:	15							
D. Vigilance state when you woke up from your nap: [1=Drowsy and groggy; 9=Alert and vigilant]	8							
13. A. Number of drinks containing alcohol you had yesterday:	1 glass							
B. Time of last drink [HH : MM]:	19:20							
14. A. Number of caffeinated beverages you had yesterday (coffee, tea, soda, energy drinks):	2							
B. Time of last caffeinated drink [HH : MM]:	15:00							

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Demystify sleep!

Propose solutions!

	Example	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>15. Over-the-counter or prescription medication(s)/natural product(s) to help you sleep yesterday?</b> [Yes/No] <b>If so, list medication(s), dose, and time taken:</b> Medications: Dose: Time [HH : MM]:	No							

**16. Comments or personal notes:**