

Sleep diary

Complete in the morning:

Date:

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Weekday:

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At what time did I go to sleep?

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At what time did I wake up?

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I fell asleep:

1) easily

2) with difficulty

3) with great difficulty

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the night, I woke up...

... times.

for ... minutes.

x min	x min	x min	x min	x min	x min	x min	x min
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In total I slept ... hours.

h	h	h	h	h	h	h	h
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My sleep was disturbed by ...

(Factors such as: noise, light, allergies, stress temperature, discomfort, etc.)

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When I woke up, I felt:

1) tired

2) moderately rested

3) well rested

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything else that has affected your sleep:

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Complete in the evening:

Date:

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Weekday:

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I consumed caffeinated drinks and food in the morning (M), lunch (L), evening (E) (write down the first letter).

M/L/E

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How many?

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I moved around for / exercised at least 30 minutes in the morning (M), lunch (L), evening (E)

(write down the first letter).

M/L/E

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I took a nap during the day:

yes	no	yes	no	yes	no	yes	no	yes	no	yes	no	yes	no
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For how long?

min	min	min	min	min	min	min	min
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I was sleepy during the day:

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It was a good day:

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Write what you did an hour before going to sleep:

(taking a bath, reading, talking to someone, studying, using a computer or smart devices etc)

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