

One week sleep diary – if you believe you may have a sleep issue or problem, please fill in the sleep diary as accurately as possible and scan the document.

Email to nickm@beyondmidnight.com.au

Before Going to Bed				The Next Morning							
Please write what day of the week it is below.	How much physical exercise over the day (including work activity if physical)	Medication taken	Alcohol – how many standard drinks?	Evening meal. Which did you have?	In the 2 hours before going to bed (list activities, e.g. TV, computer)	What time did you go to bed?	How long did it take to get to sleep (approx)?	Did you wake up through the night? How many times and for how long?	Do you remember any dreams and how would you describe them?	What time did you wake up in the morning and was it with an alarm?	How did you feel when you woke up?
Day 1	< 30 mins 30 – 60 mins > 60 mins		Type How many	Low fat/carb Med fat/carb High fat/carb							Sluggish A bit tired Fresh Great
Day 2	< 30 mins 30 – 60 mins > 60 mins		Type How many	Low fat/carb Med fat/carb High fat/carb							Sluggish A bit tired Fresh Great
Day 3	< 30 mins 30 – 60 mins > 60 mins		Type How many	Low fat/carb Med fat/carb High fat/carb							Sluggish A bit tired Fresh Great
Day 4	< 30 mins 30 – 60 mins > 60 mins		Type How many	Low fat/carb Med fat/carb High fat/carb							Sluggish A bit tired Fresh Great
Day 5	< 30 mins 30 – 60 mins > 60 mins		Type How many	Low fat/carb Med fat/carb High fat/carb							Sluggish A bit tired Fresh Great
Day 6	< 30 mins 30 – 60 mins > 60 mins		Type How many	Low fat/carb Med fat/carb High fat/carb							Sluggish A bit tired Fresh Great
Day 7	< 30 mins 30 – 60 mins > 60 mins		Type How many	Low fat/carb Med fat/carb High fat/carb							Sluggish A bit tired Fresh Great