**Sleep**

Fill in the below sleep diary for the next 7 days to help you answer the questions below…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
| Day of the week |  |  |  |  |  |  |  |
| What time did you go to bed? |  |  |  |  |  |  |  |
| What did you do before trying to sleep? |  |  |  |  |  |  |  |
| What time do you think you went to sleep? |  |  |  |  |  |  |  |
| Did you fall asleep…* Easily
* After some time
* With difficulty
 |  |  |  |  |  |  |  |
| Did anything disturb your sleep? What? |  |  |  |  |  |  |  |
| How would you rate your sleep from 1-5?(1=very poor, 5=very good) |  |  |  |  |  |  |  |
| What time did you wake up this morning? |  |  |  |  |  |  |  |
| How did you feel when you woke up?* Refreshed
* OK
* Tired
 |  |  |  |  |  |  |  |

Do you have a regular sleep pattern? Why/why not?

Is there anything you think you could do which might help improve your sleep? (Be realistic!)