SLEEP PATTERNS DIARY

In this diary and questionnaires, please record your

sleep for a study period of eight weeks.

STUDY CODE: | | | | | | | | | | |

Please enter your daily sleep and wake times for a study period of eight weeks. Answer all the requested information. If you are not sure about how to answer a requested information or question, then try to do the best you can or contact one of the researcher, but please do not leave any section blank. Your completed diary will be treated completely confidential.

Adapted from National Sleep Foundation sleep diary

YOUR SLEEP DIARY - AN EXAMPLE

STUDY CODE

Sufficient sleep is important for your health and well-being. The Sleep Diary will track your sleep duration and trends. Sleep diary only takes a few minutes to complete.

Complete in the morning							
Start date: …21./05./2018 Day of week	Day 1 _Monday_	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I went to bed last night at :	10 PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	6 PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
I woke up during the night							
Total # of times	2						
Total # of minutes	30						
Last night I slept a total of :	8 Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergens, temperature, discomfort, stress, etc.							
	Sleeping too warm						
When I wake up for the day, I felt:							
Refreshed Somewhat refreshed Fatigue	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).	Anxious about my dog.						

YOUR SLEEP DIARY – AN EXAMPLE

Sufficient sleep is important for your health and well-being. The Sleep Diary will track your sleep duration and trends. Sleep diary only takes a few minutes to complete.

Complete at the end of the day							
Day of week	Day 1 _Monday	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I consumed caffeinated drinks in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/ How many?	M A E _1__ __1__ ___1__	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ __	M A E ___ _____ _____
How many minutes did you exercise in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/	M A E	M A E	M A E	M A E	M A E	M A E	M A E
duration							
Intensity-low, moderate, high	_____ _____ _____ 30min _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____	
I took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
Throughout the day, in general my mood was: Very unpleasant (1)							Very pleasant (10)
My mood was affected by ? Eg: exam results, work stress, bad news, do not know							
Please given a number from the scale 1 - 10	9.5						
Within the last three hours before bed time, I consumed							
Alcohol A heavy meal Caffeine Not applicable Medications that I took each day for sleep purposes	☐ ☐ ■ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 1** STUDY CODE | | | | | | | | | | |

Complete in the morning							
Start date: …./…./… Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergens, temperature, discomfort, stress, etc.							
When I wake up for the day, I felt:							
Refreshed Somewhat refreshed Fatigue	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 1** STUDY CODE

Complete at the end of the day							
Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I consumed caffeinated drinks in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/ How many?	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ __	M A E ___ _____ _____
How many minutes did you exercise in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/	M A E	M A E	M A E	M A E	M A E	M A E	M A E
duration							
Intensity-low, moderate, high	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____	
I took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
Throughout the day, in general my mood was Very unpleasant (1) → Very pleasant (10)							
My mood was affected by ? Eg: exam results, work stress, bad news, do not know							
Please given a number from the scale 1 - 10							
With in the last three hours before bed time, I consumed							
Alcohol A heavy meal Caffeine Not applicable Medications that I took each day for sleep purposes	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 2** STUDY CODE | | | | | | | | | | |

Complete in the morning							
Start date: …./…./… Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergens, temperature, discomfort, stress, etc.							
When I wake up for the day, I felt:							
Refreshed Somewhat refreshed Fatigue	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 2** STUDY CODE

Complete at the end of the day							
Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I consumed caffeinated drinks in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/ How many?	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ __	M A E ___ _____ _____
How many minutes did you exercise in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/	M A E	M A E	M A E	M A E	M A E	M A E	M A E
duration							
Intensity-low, moderate, high	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____	
I took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
Throughout the day, in general my mood was Very unpleasant (1) → Very pleasant (10)							
My mood was affected by ? Eg: exam results, work stress, bad news, do not know							
Please given a number from the scale 1 - 10							
With in the last three hours before bed time, I consumed							
Alcohol A heavy meal Caffeine Not applicable Medications that I took each day for sleep purposes	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 3** STUDY CODE

Complete in the morning							
Start date: …./…./… Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergens, temperature, discomfort, stress, etc.							
When I wake up for the day, I felt:							
Refreshed Somewhat refreshed Fatigue	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 3** STUDY CODE

Complete at the end of the day							
Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I consumed caffeinated drinks in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/ How many?	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ __	M A E ___ _____ _____
How many minutes did you exercise in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/	M A E	M A E	M A E	M A E	M A E	M A E	M A E
duration							
Intensity-low, moderate, high	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____	
I took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
Throughout the day, in general my mood was Very unpleasant (1) → Very pleasant (10)							
My mood was affected by ? Eg: exam results, work stress, bad news, do not know							
Please given a number from the scale 1 - 10							
With in the last three hours before bed time, I consumed							
Alcohol A heavy meal Caffeine Not applicable Medications that I took each day for sleep purposes	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 4** STUDY CODE

Complete in the morning							
Start date: …./…./… Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergens, temperature, discomfort, stress, etc.							
When I wake up for the day, I felt:							
Refreshed Somewhat refreshed Fatigue	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 4** STUDY CODE

Complete at the end of the day							
Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I consumed caffeinated drinks in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/ How many?	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ __	M A E ___ _____ _____
How many minutes did you exercise in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/	M A E	M A E	M A E	M A E	M A E	M A E	M A E
duration							
Intensity-low, moderate, high	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____	
I took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
Throughout the day, in general my mood was Very unpleasant (1) → Very pleasant (10)							
My mood was affected by ? Eg: exam results, work stress, bad news, do not know							
Please given a number from the scale 1 - 10							
With in the last three hours before bed time, I consumed							
Alcohol A heavy meal Caffeine Not applicable Medications that I took each day for sleep purposes	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 5** STUDY CODE

Complete in the morning							
Start date: …./…./… Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergens, temperature, discomfort, stress, etc.							
When I wake up for the day, I felt:							
Refreshed Somewhat refreshed Fatigue	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 5** STUDY CODE

Complete at the end of the day							
Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I consumed caffeinated drinks in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/ How many?	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ __	M A E ___ _____ _____
How many minutes did you exercise in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/	M A E	M A E	M A E	M A E	M A E	M A E	M A E
duration							
Intensity-low, moderate, high	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____	
I took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
Throughout the day, in general my mood was Very unpleasant (1) → Very pleasant (10)							
My mood was affected by ? Eg: exam results, work stress, bad news, do not know							
Please given a number from the scale 1 - 10							
With in the last three hours before bed time, I consumed							
Alcohol A heavy meal Caffeine Not applicable Medications that I took each day for sleep purposes	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 6** STUDY CODE

Complete in the morning							
Start date: …./…./… Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergens, temperature, discomfort, stress, etc.							
When I wake up for the day, I felt:							
Refreshed Somewhat refreshed Fatigue	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 6** STUDY CODE

Complete at the end of the day							
Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I consumed caffeinated drinks in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/ How many?	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ __	M A E ___ _____ _____
How many minutes did you exercise in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/	M A E	M A E	M A E	M A E	M A E	M A E	M A E
duration							
Intensity-low, moderate, high	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____	
I took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
Throughout the day, in general my mood was Very unpleasant (1) → Very pleasant (10)							
My mood was affected by ? Eg: exam results, work stress, bad news, do not know							
Please given a number from the scale 1 - 10							
With in the last three hours before bed time, I consumed							
Alcohol A heavy meal Caffeine Not applicable Medications that I took each day for sleep purposes	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 7** STUDY CODE

Complete in the morning							
Start date: …./…./… Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergens, temperature, discomfort, stress, etc.							
When I wake up for the day, I felt:							
Refreshed Somewhat refreshed Fatigue	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 7** STUDY CODE | | | | | | | | | | |

Complete at the end of the day							
Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I consumed caffeinated drinks in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/ How many?	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ __	M A E ___ _____ _____
How many minutes did you exercise in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/	M A E	M A E	M A E	M A E	M A E	M A E	M A E
duration							
Intensity-low, moderate, high	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____	
I took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
Throughout the day, in general my mood was Very unpleasant (1) → Very pleasant (10)							
My mood was affected by ? Eg: exam results, work stress, bad news, do not know							
Please given a number from the scale 1 - 10							
With in the last three hours before bed time, I consumed							
Alcohol A heavy meal Caffeine Not applicable Medications that I took each day for sleep purposes	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 8** STUDY CODE

Complete in the morning							
Start date: …./…./… Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergens, temperature, discomfort, stress, etc.							
When I wake up for the day, I felt:							
Refreshed Somewhat refreshed Fatigue	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

SLEEP DIARY – SEVEN DAYS RECORD OF SLEEP PATTERNS **WEEK 8** STUDY CODE

Complete at the end of the day							
Day of week	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I consumed caffeinated drinks in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/ How many?	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ _____	M A E _____ _____ __	M A E ___ _____ _____
How many minutes did you exercise in the (M)orning, (A)fternoon, (E)vening,							
M/A/E/	M A E	M A E	M A E	M A E	M A E	M A E	M A E
duration							
Intensity-low, moderate, high	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____	
I took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
Throughout the day, in general my mood was Very unpleasant (1) → Very pleasant (10)							
My mood was affected by? Eg: exam results, work stress, bad news, do not know							
Please given a number from the scale 1 - 10							
With in the last three hours before bed time, I consumed							
Alcohol A heavy meal Caffeine Not applicable Medications that I took each day for sleep purposes	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐