

Sleep diary

What is a sleep diary?

A sleep diary is a daily log that can be used to record the length and quality of your sleep.

Your doctor may use this diary to see what is the most appropriate treatment for your insomnia.

It also allows you to record any food, drink or other activities that may be affecting your sleep.

Why should I keep a sleep diary?

Keeping a diary can help you and your doctor learn more about your sleep patterns and uncover ways to improve your sleep.

Take this diary with you next time you go to see your doctor.

How do I complete this sleep diary?

Fill out this diary every day for at least one week.

Do this each morning when you wake up and each night when you go to bed.

Keep the diary beside your bed so it is easy to fill in.

Photocopy multiple sheets for additional weeks.

How much sleep do I need?

Our sleeping habits will change over our lifetime and good sleep will feel different to different people. Adults usually sleep for between 6-9 hours per night.

If you wake up feeling refreshed, you probably got a good night's sleep the night before.

As we get older we need less sleep, sleep less deeply, and take longer to fall asleep. We also get tired earlier, stir more during the night, and wake up earlier.

However, this doesn't mean we should accept poor sleep as a 'normal' part of getting older.

*Relaxation exercises' and 'worry control techniques' are available by searching the internet or an app store. This sleep diary has been reviewed and approved by Health Psychologist Olivia Anstis of Atlantis Healthcare.

The tips below can help you sleep better.

Before Bed

Three hours before:

- Avoid heavy meals, alcohol, cigarettes, and exercise.

Two hours before:

- Remember to take your Circadin® tablet.

30 minutes before:

- Quiet time can help you relax and promote good sleep.
- Have a bath or read a book.
- Try a relaxation exercise.*
- Bright lights can disturb your sleep. Turn off TV, computers and smart phones.

Going to Bed

- Routine is important. Try to go to bed and get up around the same time each day.
- Make sure your bedroom is quiet, warm, and comfortable.
- Use your bed only for sleep and sex.
- Worry and stress can stop you sleeping. Keep a notepad by your bed and write your worries down, or try a relaxation exercise.*
- Get up if you can't sleep for more than 20 minutes. Go back to bed when you feel drowsy.

Upon Waking

- Expose yourself to sunlight or a bright light upon waking.

During the day:

- Napping during the day disrupts your sleep. Limit naps to 20 minutes, no more than twice a day. You can limit your naps by asking someone to wake you or by setting an alarm.
- Stop drinking caffeinated drinks (coffee, tea, energy drinks, colas) after midday.
- Exercising daily reduces stress and promotes sleep. Try walking, swimming or gardening.

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Complete before going to bed

Week 1 2 3 4 (please tick)

Beginning date: / /	Exercised:	Had a nap:	Within 3 hours of going to sleep I had:	Time I took my Circadin®:	About 30 mins before bed I avoided:	About 30 mins before bed I relaxed with:	Went to bed at:
Day 1	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 2	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 3	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 4	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 5	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 6	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm
Day 7	<input type="radio"/> morning <input type="radio"/> afternoon <input type="radio"/> evening	minutes am/pm	<input type="radio"/> nicotine <input type="radio"/> alcohol <input type="radio"/> a heavy meal <input type="radio"/> caffeine	am/pm	<input type="radio"/> TV <input type="radio"/> work <input type="radio"/> computer	<input type="radio"/> a warm bath <input type="radio"/> reading <input type="radio"/> relaxation	am/pm

Complete when you wake

Week 1 2 3 4 (please tick)

Beginning date: / /	Went to bed at:	Fell asleep in:	Woke up during the night:	Got up for the day at:	Slept a total of:	When I got up I felt:
Day 1	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued
Day 2	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued
Day 3	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued
Day 4	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued
Day 5	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued
Day 6	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued
Day 7	am/pm	minutes	____ times for ____ minutes	am/pm	hours	<input type="radio"/> refreshed <input type="radio"/> partly refreshed <input type="radio"/> fatigued

List below any other things that may have affected your sleep during the week (e.g. partner snoring, room temperature, worrying, dog barking, woke myself up snoring or gasping for air.)

Compare your diary with the sleep tips listed over the page. Are there some changes you can make for a better night's sleep?

Other medications you are taking may affect your sleep. List your medications here and show this to your healthcare provider.