



Psychosocial Centre

Sleep diary

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To fill before you go to bed	Day 1	Day 2	Day 3	Day 4	Day 5
How was your mood today?					
Did you experience periods of being tired/drowsy?					
Did you take a nap during the day? How long?					
Did you do any selfcare activities?					
Did you exercise? How long?					
Were you engaged in social activities?					
Did you drink coffee, tea, soft drinks? How much and at what time did you take the latest cup/soft drink?					

To fill out in the morning					
What did you do the hour before going to bed?					
Did you use relaxation exercises, meditation, stretches to help falling asleep?					
Did you take any sleep medication?					
Did you drink, smoke or use other substances? How much and how late before going to bed?					
What time did you lie down to sleep?					
What time did you fall asleep?					
What time did you wake up?					
Did you wake up during the night? How many times? What was the reason?					
How many hours did you sleep in the last 24 hours?					
Rate the quality of your sleep was it poor/medium/good?					
What does an eventual partner say about your sleep? Are you eg. restless or snore?					