Sleep diary

Week:	Mon/Tue	Tue/Wed	Wed/Thu	Thu/Fri	Fri/Sat	Sat/Sun	Sun/Mon
When did you go to bed?							
When did you wake up?	3						
How long did it take to go to sleep?							
Did you wake up during the night? Number of times, how long were you awake?							
Did you use sleeping pills? Yes or No							
How many hours, minutes have you slept?							
How did you sleep during the night? 1= very badly, 2= quite badly, 3= neither well nor badly, 4= quite well, 5= very well							
Did you sleep during the day? How often and for how long?		9					

Describe with a number how you felt during the day. 1= not at all, 2= a little, 3= somewhat, 4= quite a lot, 5=a lot

Week:		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Tired								
Worried	f.							
Depressed								
Unfocused								