



## SLEEP DIARY

**NAME:**

**DATE:**

Describe How You Feel After Your Sleep Each Day	Monday I FEEL:	Tuesday I FEEL:	Wednesday I FEEL:	Thursday I FEEL:	Friday I FEEL:	Saturday I FEEL:	Sunday I FEEL:
First waking time:							
Ate Breakfast (Tick if yes and include what you ate)							
Ate Lunch (Tick if yes and include what you ate)							
Ate Dinner (Tick if yes and include what you ate)							
Post Eating Sleep (note time/s and duration/s)							
Devices used and last time used before bed							
Time to Bed:	Time to Bed:	Time to Bed:	Time to Bed:	Time to Bed:	Time to Bed:	Time to Bed:	Time to Bed:
Time to Sleep	Time to Sleep:	Time to Sleep:	Time to Sleep:	Time to Sleep:	Time to Sleep:	Time to Sleep:	Time to Sleep:
Water for the day (L)							
Waking Times and Why:							

Sleep Medication Used (include natural supplements as well as over the shelf or prescription medications):

Wise Healthy Natural Therapies – Nicky Wood ND

26 Altair St Tweed Heads South NSW 2486 PH: 0438461178

[nicky@wisehealthyliving.com.au](mailto:nicky@wisehealthyliving.com.au) [www.wisehealthyliving.com.au](http://www.wisehealthyliving.com.au)

Please Draw the Layout of Your Bedroom Below (indicate where doors, windows, power points, lights, fans, TV's are located in the room).

I often wake because: \_\_\_\_\_

Sleep attire: \_\_\_\_\_

Linen type: \_\_\_\_\_

My daily average level of stress/worry/anxiety. \_\_\_\_ /10