

Sleep diary

Week commencing:	
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	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Before bed	•						
What time was your last							
food or drink?							
When was your last coffee or							
tea?							
How many alcoholic drinks							
did you have?							
During the night							
When did you go to bed?							
Did you find it hard to fall							
asleep							
Did you wake in the night?							
If so, how often?							
And for how long?							
What time did you get up?							
Estimate how long you slept							
Calculate your sleep efficiency							
Rate your sleep 1-5							
How tired are you, 1-5?							
Thinking about yesterday							
Did you fall asleep							
unintentionally?							
How many coffees did you have?							
Did you have an afternoon							
slump?							
Were you irritable?							
Did you exercise?							
Food and drink							
Are you eating fibre-rich foods?							
Are you eating/ drinking more fermented foods?							