SLEEP RIGHT SLEEP TIGHT

Natural sleep before medicines

Sleep diary

NPS
Better choices ▸ Better health
MedicineWise

What is a sleep diary?

A sleep diary is a daily log that can be used to record your sleep-wake pattern.

It helps you monitor when you go to bed and get up in the morning, how long it takes you to fall asleep, how often you wake during the night, and how restful your sleep is. It also allows you to record any food, drink or activities that may be affecting your sleep.

Why should I keep a sleep diary?

Keeping a sleep diary can help you and your doctor learn more about your sleep patterns and what can be done to improve your sleep.

How do I complete the sleep diary?

Fill out the diary every day, for one or two weeks.

Do this each day in the morning when you wake up and at night when you go to bed.

What else can I do?

Take the *Sleep quiz* to learn more about your sleep, and to access information on sleep cycles, sleep problems, and tips for a better night's sleep, visit **www.nps.org.au/sleep**.

Use your *Medicines List* to keep a record of all your current medicines. This can help your doctor or pharmacist to check whether your medicines could be affecting your sleep. You can download a copy of *Medicines List* from **www.nps.org.au/consumers**.

Try these tips for a good night's sleep

Try to go to sleep and wake up at the same time each day

Be as active as possible during the day and spend some time outdoors

Reduce the amount of caffeine you have each day and avoid caffeinated drinks after lunchtime

Avoid naps during the day.
If you do nap, keep it to 20 minutes and before 3pm

Avoid heavy meals, exercise or working on the computer late in the evening

Relax for 30 minutes before going to bed (e.g. have a warm bath)

Avoid smoking and drinking alcohol in the evening

Make sure your bedroom is not too hot or cold

Don't eat, work, watch television, read or discuss problems in bed

Ensure you are comfortable and your bedroom is quiet and dark

Don't stay in bed if you are awake for more than 20 minutes — go to another room and do something relaxing

Week 1

Complete in the morning

Beginning date: D M Y	Went to bed last night at:	Fell asleep in:	Woke up during the night:	Got out of bed in the morning at:	When I woke up this morning I felt:	Slept a total of:
Day	am / pm	minutes	times	am / pm	☐ refreshed ☐ partly refreshed ☐ fatigued	hours
Day	am / pm	minutes	times	am / pm	☐ refreshed ☐ partly refreshed ☐ fatigued	hours
Day	am / pm	minutes	times	am / pm	☐ refreshed ☐ partly refreshed ☐ fatigued	hours
Day	am / pm	minutes	times	am / pm	☐ refreshed ☐ partly refreshed ☐ fatigued	hours
Day	am / pm	minutes	times	am / pm	☐ refreshed ☐ partly refreshed ☐ fatigued	hours
Day	am / pm	minutes	times	am / pm	☐ refreshed ☐ partly refreshed ☐ fatigued	hours
Day	am / pm	minutes	times	am / pm	☐ refreshed ☐ partly refreshed ☐ fatigued	hours

N/A = not applicable

List below any other things that may have affected your sleep
(e.g. partner snoring, room temperature, worry)

Week 1

Complete at the end of the day

Exercised:	Had a nap:	Had caffeinated drinks (e.g. cocoa, coffee, cola, tea):	Within 3 hours before going to sleep, I had:	About 1 hour before going to sleep, I:
morning		morning	alcohol	watched TV
afternoon	minutes	afternoon	a heavy meal	worked
evening	am / pm	evening		read
N/A		N/A	neither	other
morning		morning	alcohol	watched TV
afternoon	minutes	afternoon	a heavy meal	worked
evening	am / pm	evening		read
N/A		N/A	neither	other
morning		morning	alcohol	watched TV
afternoon	minutes	afternoon	a heavy meal	worked
evening	am / pm	evening		read
N/A		N/A	neither	other
morning		morning	alcohol	watched TV
afternoon	minutes	afternoon	a heavy meal	worked
evening	am / pm	evening		read
N/A		N/A	neither	other
morning		morning	alcohol	watched TV
afternoon	minutes	afternoon	a heavy meal	worked
evening	am / pm	evening		read
N/A		N/A	neither	other
morning		morning	alcohol	watched TV
afternoon	minutes	afternoon	a heavy meal	worked
evening	am / pm	evening		read
N/A		N/A	neither	other
morning		morning	alcohol	watched TV
afternoon	minutes	afternoon	a heavy meal	worked
evening	am / pm	evening		read
N/A		N/A	neither	other

Week 2

Complete in the morning

Beginning date: D M Y	Went to bed last night at:	Fell asleep in:	Woke up during the night:	Got out of bed in the morning at:	When I woke up this morning I felt:	Slept a total of:
Day	am / pm	minutes	times	am / pm	refreshed partly refreshed fatigued	hours
Day	am / pm	minutes	times	am / pm	refreshed partly refreshed fatigued	hours
Day	am / pm	minutes	times	am / pm	refreshed partly refreshed fatigued	hours
Day	am / pm	minutes	times	am / pm	refreshed partly refreshed fatigued	hours
Day	am / pm	minutes	times	am / pm	refreshed partly refreshed fatigued	hours
Day	am / pm	minutes	times	am / pm	refreshed partly refreshed fatigued	hours
Day	am / pm	minutes	times	am / pm	refreshed partly refreshed fatigued	hours

N/A = not applicable

List below any other things that may have affected your sleep
(e.g. partner snoring, room temperature, worry)

Week 2

Complete at the end of the day

Exercised:	Had a nap:	Had caffeinated drinks (e.g. cocoa, coffee, cola, tea):	Within 3 hours before going to sleep, I had:	About 1 hour before going to sleep, I:
morning	minutes	morning	alcohol	watched TV
afternoon	am / pm	afternoon	a heavy meal	worked
evening		evening		read
N/A		N/A	neither	other
morning	minutes	morning	alcohol	watched TV
afternoon	am / pm	afternoon	a heavy meal	worked
evening		evening		read
N/A		N/A	neither	other
morning	minutes	morning	alcohol	watched TV
afternoon	am / pm	afternoon	a heavy meal	worked
evening		evening		read
N/A		N/A	neither	other
morning	minutes	morning	alcohol	watched TV
afternoon	am / pm	afternoon	a heavy meal	worked
evening		evening		read
N/A		N/A	neither	other
morning	minutes	morning	alcohol	watched TV
afternoon	am / pm	afternoon	a heavy meal	worked
evening		evening		read
N/A		N/A	neither	other
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evening		evening		read
N/A		N/A	neither	other
morning	minutes	morning	alcohol	watched TV
afternoon	am / pm	afternoon	a heavy meal	worked
evening		evening		read
N/A		N/A	neither	other

Be medicinewise.
To find out more visit
www.nps.org.au/sleep

WHY BE MEDICINEWISE ABOUT MY SLEEP?

Find out more at
www.nps.org.au/sleep

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