SOLUTION PSYCHOLOGY'S SLEEP DIARY

	Pre Sleep Information						Bed/Sleep Information					
Day/date	**Naps (what time & how long)**	**Medication (what & when)**	**Pre-bed activity (what did you do?)**	**Screen Time Off**	**Day time tiredness (0-5, 5 most tired)**	**In-bed activities**	**Lights out time**	**Time to fall asleep (minutes)**	**Waking time**	**Hours slept**	**Woke up (number of times, how long)**	**Quality of sleep (0-5, 5 best quality)**
Example	*1pm for 45 minutes*	*Melatonin at 7pm*	*Watched TV after dinner for 2 hours*	*TV turned off at 6pm*	*3 - felt a bit tired today*	*Read for 20 minutes*	*8:30pm*	*Approx 40 mins*	*7.30am*	*11 hrs*	*Once at 3am for 10 mins*	*4 - good quality sleep*