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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day of the week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **What time did you go to bed?** |  |  |  |  |  |  |  |
| **What time did you wake up this morning?** |  |  |  |  |  |  |  |
| **How long do you think it took to fall asleep?** |  |  |  |  |  |  |  |
| **How easy was it to fall asleep?****Easy****Some difficulty Difficult** |  |  |  |  |  |  |  |
| **Did you wake up overnight?****How many times?** |  |  |  |  |  |  |  |
| **What woke you up?****Need the toilet?****Thinking, worrying?****Noise? Light?****Other?** |  |  |  |  |  |  |  |
| **How many hours did you sleep last night?** |  |  |  |  |  |  |  |
| **How would you describe your sleep last night?****1 = Very poor, hardly slept****2 = Poor, sleep was disrupted****3 = Average, slept for periods****4 = Good, slept for most of the night****5 = Very good, had a good night’s sleep** |  |  |  |  |  |  |  |