

My Sleep Diary

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Getting a good night's sleep is very important for your health and happiness. If you don't get enough sleep, you may find it difficult to; pay attention at school, have the energy to play, fight germs and illness, and remember important information. This sleep diary is a fun way to help you start to think about, and discuss, your sleeping patterns.

Try and fill out each part of this sleep diary for seven days.

Top Sleep Tips

DO

- Try to sleep for at least 10-12 hours every night.
- Follow a bedtime routine of relaxing activities, such as reading or listening to soft music.
- Exercise during the day.
- Have a milky drink and light snack before bed.
- Keep your bedroom dark, cool and quiet.

DON'T

- Stay up late.
- Watch TV or play video games straight before bed as they can disturb your sleep.
- Exercise too close to bedtime.
- Drink fizzy drinks, tea or coffee, or eat chocolate because they can contain caffeine which can make sleep difficult.



1. Complete Before Going to Bed

What did you drink today?

Inside the space in each can, write the number of cans/bottles/cups of caffeinated drinks (fizzy pop, tea, coffee, etc) you had on each day of the week. Remember, caffeine can keep you from sleeping well.

Monday

Tuesday

Wednesday

Thursday

Friday

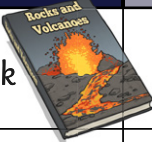







Saturday

Sunday



What did you do right before bed?

Tick off all the things you did in the hour before you went to bed.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Read a book 							
Played on a computer, games console or tablet							
Listened to music							
Watched TV							
Had a drink and/or snack							
Did your homework 							
Played with a non-electrical toy or game.							
Took a bath or shower							

2. Complete When You Wake Up

How did you sleep?

Did you get to sleep quickly? Did you wake during the night? (Circle Yes or No)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Did you have trouble falling asleep?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you wake up during the night?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Who or what woke you up during the night?							



How much sleep did you get last night?

Colour in the boxes to record the time you went to sleep until the time you woke up. Then work out how many hours you slept for.

Example
6.30 PM
7.00 PM
7.30 PM
8.00 PM
8.30 PM
9.00 PM
9.30 PM
10.00 PM
10.30 PM
11.00 PM
11.30 PM
12.00 AM
12.30 AM
1.00 AM
1.30 AM
2.00 AM
2.30 AM
3.00 AM
3.30 AM
4.00 AM
4.30 AM
5.00 AM
5.30 AM
6.00 AM
6.30 AM
7.00 AM
7.30 AM
8.00 AM
8.30 AM
9.00 AM
9.30 AM

I slept **10 $\frac{1}{2}$** hours

Monday
6.30 PM
7.00 PM
7.30 PM
8.00 PM
8.30 PM
9.00 PM
9.30 PM
10.00 PM
10.30 PM
11.00 PM
11.30 PM
12.00 AM
12.30 AM
1.00 AM
1.30 AM
2.00 AM
2.30 AM
3.00 AM
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5.30 AM
6.00 AM
6.30 AM
7.00 AM
7.30 AM
8.00 AM
8.30 AM
9.00 AM
9.30 AM

I slept ____ hours

Tuesday
6.30 PM
7.00 PM
7.30 PM
8.00 PM
8.30 PM
9.00 PM
9.30 PM
10.00 PM
10.30 PM
11.00 PM
11.30 PM
12.00 AM
12.30 AM
1.00 AM
1.30 AM
2.00 AM
2.30 AM
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6.00 AM
6.30 AM
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8.30 AM
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9.30 AM

I slept ____ hours

Wednesday

6.30 PM
7.00 PM
7.30 PM
8.00 PM
8.30 PM
9.00 PM
9.30 PM
10.00 PM
10.30 PM
11.00 PM
11.30 PM
12.00 AM
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6.30 AM
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9.30 AM

I slept ____ hours

Thursday

6.30 PM
7.00 PM
7.30 PM
8.00 PM
8.30 PM
9.00 PM
9.30 PM
10.00 PM
10.30 PM
11.00 PM
11.30 PM
12.00 AM
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9.30 AM

I slept ____ hours

Friday

6.30 PM
7.00 PM
7.30 PM
8.00 PM
8.30 PM
9.00 PM
9.30 PM
10.00 PM
10.30 PM
11.00 PM
11.30 PM
12.00 AM
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8.00 AM
8.30 AM
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9.30 AM

I slept ____ hours

Saturday

6.30 PM
7.00 PM
7.30 PM
8.00 PM
8.30 PM
9.00 PM
9.30 PM
10.00 PM
10.30 PM
11.00 PM
11.30 PM
12.00 AM
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6.30 AM
7.00 AM
7.30 AM
8.00 AM
8.30 AM
9.00 AM
9.30 AM

I slept _____ hours

Sunday

6.30 PM
7.00 PM
7.30 PM
8.00 PM
8.30 PM
9.00 PM
9.30 PM
10.00 PM
10.30 PM
11.00 PM
11.30 PM
12.00 AM
12.30 AM
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4.30 AM
5.00 AM
5.30 AM
6.00 AM
6.30 AM
7.00 AM
7.30 AM
8.00 AM
8.30 AM
9.00 AM
9.30 AM

I slept _____ hours

3. Complete at the End of the Week

How did you feel on certain days of the week?

Think about the days where you had the LEAST and the MOST hours of sleep. Did you feel differently on those days?

THE DAY WITH THE LEAST SLEEP

On _____ I had _____ hours sleep.

During that day, my energy level was: (Circle a number)

1 2 3 4 5

No energy _____ → Full of energy

Write how you felt on that day:

THE DAY WITH THE MOST SLEEP

On _____ I had _____ hours sleep.

During that day, my energy level was: (Circle a number)

1 2 3 4 5

No energy _____ → Full of energy

Write how you felt on that day:

Think about your results:

Which nights did you sleep the best? Why?

Were there any nights where you had a bad night's sleep? Do you think you know what caused it?

Discuss your results and thoughts with your class.