Sleep Australia provides a comprehensive sleep service including home based sleep studies and sleep treatments to cater for all your sleep health needs.

We treat an array of sleep disorders, including Obstructive Sleep Apnoea (OSA) and its impact on issues such as cardiovascular health, mental health and respiratory disorders; insomnia, shift work disorder, among others.

Sleep disorders can be treated in several ways including CPAP therapy, body positional therapy, blue light therapy, nasal EPAP as well as Mandibular Advancement Splints (MAS) via referral to a dentist.

## **Contact Us**

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## **SLEEP DIARY**

Name:		
Age:	Sex:	Date:

Sufficient sleep is important for your health, well-being and happiness. When you sleep better, you feel better. The Sleep Australia Sleep Diary will help you track your sleep, allowing you to see habits and trends that are helping you sleep or that can be improved.

## How to Use the Sleep Australia Sleep Diary

- Our sleep diary only takes a few minutes each day to complete.
- We've given you diary entries for seven days; you may want to make several copies.
- Review your completed diary to see if there are any patterns or practices that are helping or hindering your sleep. Is your bedroom a sanctuary for sleep? Or are there too many distractions? Did your nap interfere with a good night's sleep?
- Make incremental changes. Changing one habit at a time can set you on the path to healthy sleep.

	Cc	omplete i	n the Mo	orning			
Start date: Day of week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I went to bed last night at:	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM
Igot out of bed this morning at:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Last night I fell asle	eep:						
Easily After some time With difficulty							
I woke up during th	e night:						
# of times							
# of minutes							
Last night I slept a total of:	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My sleep was distur List mental or physical fa		ng noise, lig	hts, pets, all	ergies, temp	erature, dise	comfort, stre	ess, etc.
When I woke up for	the day,	I felt:					1
Refreshed Somewhat refreshed Fatigued							
Notes: Record any other factors that may affect your sleep (i.e. hours of work shift, or monthly cycle for women).							

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Day 1	Day Z	Day 5	Day 4	Day 5	Dayo	Day 7
Day of week:							
I consumed caffein	ated drinks i	n the: Morr	iing (M), Af	ternoon (A)	, Evening (E	), Not Appli	icable (NA)
M/A/E/NA							
How many?							
I exercised at least	20 minutes i	n the: Morr	ning (M), Af	ternoon (A)	, Evening (E	), Not Appl	icable (NA)
M/A/E/NA							
Medications I tool	k today:						
Took a nap?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(circle one)	No	No	No	No	No	No	No
(circle one)	NO	110	-				
If Yes, for how long?		110					
·····	ow likely v	vas I to do				tivities:	
If Yes, for how long? During the day, h	ow likely v	vas I to do				tivities:	
If Yes, for how long? <b>During the day, h</b> No Chance (N), Sligl	<b>ow likely v</b> ht Chance (S)	vas I to do	Chance (M),	High Chanc	e (H)		easant (VU)
If Yes, for how long? During the day, h No Chance (N), SligI N/S/M/H	<b>ow likely v</b> ht Chance (S)	vas I to do	Chance (M),	High Chanc	e (H)		easant (VU)
If Yes, for how long? During the day, h No Chance (N), Sligl N/S/M/H Throughout the day	ow likely v ht Chance (S) y, my mood	vas I to do I, Moderate was: Very Pl	Chance (M), easant (VP), F	High Chanc	e (H) Jnpleasant (L		easant (VU)
If Yes, for how long? <b>During the day, h</b> No Chance (N), SligI N/S/M/H <b>Throughout the day</b> VP/P/U/VU	ow likely v ht Chance (S) y, my mood	vas I to do I, Moderate was: Very Pl	Chance (M), easant (VP), F	High Chanc	e (H) Jnpleasant (L		easant (VU)
If Yes, for how long? During the day, h No Chance (N), Sligl N/S/M/H Throughout the day VP/P/U/VU Approximately 2-	y, my mood	vas I to do: , Moderate was: Very Pla	Chance (M), easant (VP), F to bed, I c	High Chanc Pleasant (P), I	e (H) Jnpleasant (U	I), Very Unple	
If Yes, for how long? During the day, h No Chance (N), Sligl N/S/M/H Throughout the day VP/P/U/VU Approximately 2- Alcohol	y, my mood	vas I to do: , Moderate was: Very Pl fore going	Chance (M), easant (VP), F to bed, I c	High Chance Pleasant (P), L Consumed:	e (H) Jnpleasant (L	), Very Unple	
If Yes, for how long? During the day, h No Chance (N), Sligi N/S/M/H Throughout the day VP/P/U/VU Approximately 2- Alcohol A heavymeal	y, my mood	vas I to do: , Moderate was: Very Pl- fore going	Chance (M), easant (VP), F to bed, I c	High Chance Pleasant (P), ( consumed:	Inpleasant (L	I), Very Unple	
If Yes, for how long? During the day, h No Chance (N), Sligl N/S/M/H Throughout the day VP/P/U/VU Approximately 2- Alcohol A heavymeal Caffeine Not applicable	y, my mood -3 hours be -3 hours to -3 hours t	vas I to do: , Moderate was: Very Pl fore going sleep, my	Chance (M), easant (VP), F to bed, I c 	High Chance Pleasant (P), ( consumed: 	Jnpleasant (L	I), Very Unple	
If Yes, for how long? During the day, h No Chance (N), Sligi N/S/M/H Throughout the day VP/P/U/VU Approximately 2- Alcohol A heavy meal Caffeine Not applicable In the hour befor	y, my mood -3 hours be -3 hours to -3 hours t	vas I to do: , Moderate was: Very Pl fore going sleep, my	Chance (M), easant (VP), F to bed, I c 	High Chance Pleasant (P), ( consumed: 	Jnpleasant (L	I), Very Unple	
If Yes, for how long? During the day, h No Chance (N), Sligi N/S/M/H Throughout the day VP/P/U/VU Approximately 2- Alcohol A heavy meal Caffeine Not applicable In the hour befor	y, my mood -3 hours be -3 hours to -3 hours t	vas I to do: , Moderate was: Very Pl fore going sleep, my	Chance (M), easant (VP), F to bed, I c 	High Chance Pleasant (P), ( consumed: 	Jnpleasant (L	I), Very Unple	