



Sleep Diary

Name: _____

Day: _____

Date: _____

A sleep diary can help you track and understand your sleep patterns. By recording your sleep habits and related activities, you can gain insights to **improve your sleep quality and overall health**. This diary can also be helpful for healthcare professionals to diagnose and treat sleep disorders like insomnia.

Instructions for completing the Sleep Diary

- It's a simple task, just place the diary in a spot where you'll remember to fill it out each day, such as on the fridge or beside your bed.
- Complete the diary every day for seven consecutive days.
- There is no specific time of day required to fill out the diary but doing it first thing in the morning often works best.
- Answer each question in the diary as accurately as you can remember.

Q.No	Can we ask some questions to know more about things that might affect your sleep? Please write your answers in the given space. For multiple-choice questions, please select the most appropriate response.						
1	Overall, today you felt (please tick all that apply)	Happy	Sad	Grumpy	Excited	Angry	Other (please specify) _____
2	The major event during the day that affected you was (please tick all that apply)	Bullied	Received bad news	Got into a fight/ argument	None		Other (please specify) _____
3	Did you get a meal before going to bed?	Yes	No				
4	Are you sleeping in a comfortable place?	Yes	No				
5	Are you sleeping in a safe place?	Yes	No				
6	During the day, did you feel sleepy?	Never	Sometimes	Often			
7	Did you nap during the day? (If yes, for how long)	Yes	(hour/s)	No			



Q.No	Can we ask some questions to know more about your bedtime routine? Please write your answers in the given space. For multiple-choice questions, please select the most appropriate response.					
8	One to two hours before going to bed, you (please tick all that apply)	Read a book	Messaged/talked/played on my mobile phone	Browsed internet	Played video games	Watched TV
		Got into a fight/ argument	Ate dinner	Exercised	Smoked/drank alcohol	Roamed on the street
		Finished homework	Drank tea/coffee/cola/ energy drink	Others (please specify)		
9	Once in bed, you (please tick all that apply)	Went straight to sleep	Watched TV	Read a book	Listened to music	Messaged/talked/played on my mobile phone
		Played video games	Practised relaxation/ meditation	Others (please specify)		
10	Do you take any medicine? (If yes, please list the name of the medicine/ medical condition you have)	Yes	No	Medicine/medical condition:		



Q.No	Can we ask some questions to know more about your sleep? Please write your answers in the given space. For multiple-choice questions, please select the most appropriate response.				
11	What time did you get into bed?	___ AM	___ PM		
12	How long did it take you to fall asleep?	_____			
13	Did you wake up during the sleep (if yes, please provide the number of times and total duration)	Yes	Times (___ minutes)	No	
14	Your sleep was disturbed by (please tick all that apply)	Noise	Uncomfortable sleeping environment	Allergies	Health problem
		Other people sharing the room/bed	Pets	Stress/Worries	Others
15	What time did you wake up?	___ AM	___ PM		
16	Overall, you slept for	___ Hours	___ Minutes		
17	Overall, how was your sleep quality?	Poor	OK	Good	Excellent
18	How you felt upon waking up?	Very sleepy; I have to go back to sleep	Tired and exhausted	OK, need a little more time to wake up fully	Very happy and full of energy to tackle my day

Suggested citation: Let's Yarn About Sleep-Sleep Health Diary for First Nations Peoples in Australia (2024). The University of Queensland, Brisbane.

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