

Date

Name:

DOB:

Hosp No:

## HSJT Sleep Diary: Instructions on How to Fill Out the Sleep Diary

This diary is a vital tool that you will need for the course of therapy. Read the instructions carefully and fill the diary out for the week prior to appointment. Please ensure you bring the diary to the clinic.

if therapy is being undertaken remotely via telephone call, you will need to complete and analyse the diary before the appointment time. You need to have the summary data (which will be listed later) available with you for discussion during the therapy session .

### Remember the following IMPORTANT rules:

1. **Don't worry about how accurate your diary is.** Most of the figures will be a **guess** and **your best guess** is good enough.
2. **Please use the paper diary that we send to enter the data.** Please do not write it elsewhere and then copy it to the sleep diary – it usually introduces errors.
3. **Please do not use data from your smart watch or other devices to complete the sleep diary.** We need the paper diary maintained by you, using your 'best guess'.
4. **Please do not enlist help from others (e.g., partners etc) to fill the diary** – you need to do it yourself.
5. **Do not clock watch** in an attempt to make it accurate.
6. **Do not fill the diary in when you are in bed.** You only fill it in when you have physically climbed out of bed the next morning. In fact, it is best to keep the sleep diary outside the bedroom e.g. on your fridge.

### So each morning you fill out the diary for the night before. Below are instructions on how to fill out each column:

- **What time did you get in to bed yesterday:** This is the time you physically climbed into bed, not the time you turned out the light or fell asleep. If you get in and out of bed several times a night you record the very first time you got into bed.
- **What time was your final awakening:** this is the final awakening before you get out of bed.
- **What time did you get out of bed today?:** This is ***the LAST time you physically climbed out of bed to start your day***, brush your teeth, have breakfast, etc. If you get in and out of bed several times during the night you only record the last time you got out of bed.

- **So I was in bed for.... (minutes):** Using the time you went to bed and the time you got out of bed, how long were you in bed for? Once again, ignore any time spent out of the bed during the night. This column is simply the time from when you first went to bed to the time you finally got out of bed. For example, if you went to bed at 11:30 and got up at 8:00 you would have been in bed for 8.5 hours. **But rather than record it in hours record it in minutes!** There is a conversion table at the end of this information sheet to help you with this. So for example, 8.5 hours is recorded as 510 minutes.
- **How long did it take for you to fall asleep?:** This is the time between getting into bed and actually falling asleep. This will always be a guess as you can't know the exact time you fell asleep, but your guess is absolutely good enough.
- **I woke ? number of times:** This is the number of times you *remember* waking during the night.
- **After first falling asleep, I was awake for.....:** Here you record the total amount of time you think you were awake during the night, **not including the time it took you to fall asleep in the first place.** If it takes you an hour to fall asleep and you wake up three times for 15 minutes each time you would put 45 minutes in this column. **If you wake up before your alarm, this time is also recorded in this figure.**
- **In total I think I slept for (minutes).....:** Once again record this in minutes.
- **Other info:** Record anything that you think had a positive or negative impact on your sleep e.g. Took a sleeping pill, neighbour's alarm went off at 3:30 am, had an argument with partner before bed, had a cold, etc.

You will need to add up the figures and calculate the following: See the completed example for more information.

Average total Sleep Time	A=	minutes
Average time in bed (minutes)	B=	minutes
Average Total Sleep Time (hours and minutes)	C=	Hours and minutes
Sleep Efficiency	D=	%
Average Time spent awake during the night	E=	Minutes

**HSJT SLEEP DIARY**

**Start date:**

**NAME:**

**DOB:**

Week starting:	What time did you get in to bed yesterday:	What time was your final awakening?	What time did you get out of bed for the day?	*So, I was in bed for...(minutes)	How long did it take you to fall asleep?	I woke ? number of times (excluding the final awakening in the morning)	*After first falling asleep, I was awake for (minutes):	*In total I think I slept for (minutes):	Other info: (e.g., time out of bed etc.,)
Night 1 4/1/21 - Mon	10.30	7.00	7:00	510	30	3	45	435	Worked late
Night 2 5/1/21 - Tue	10.30	7.30	7:30	540	30	3	30	480	
Night 3 6/1/21 - Wed	10.45	8.00	8:00	555	15	2	30	510	Day off – slept late
Night 4 7/1/21 - Thu	9.00	8.00	8:00	660	180	4	60	420	
Night 5 8/1/21 - Fri	9.30	8.00	8:00	630	140	4	70	420	Argument with Sid
Night 6 9/1/21 - Sat	9.45	7.00	7:00	555	140	3	70	345	
Night 7 10/1/21 - Sun	11.00	7:00	7:00	480	15	1	15	450	
<b>Total</b>				3930	650	20	320	3060	
<b>Average in minutes</b>				<b>B= 561</b>			<b>E=45.7</b>	<b>A = 437</b>	<b>Average in minutes</b>
<b>Average in hours and minutes</b>								<b>C=7 Hours and 17 minutes</b>	

A divided by B x 100 = Sleep Efficiency       $A \frac{\quad}{\quad} / B \frac{\quad}{\quad} \times 100 = (D) \frac{\quad}{\quad} \%$

# SLEEP DIARY

Table for converting hours and minutes into minutes:

Hr:Min	Min		Hr:Min	Min		Hr:Min	Min
1:00	60		6:00	360		11:00	660
1:10	70		6:10	370		11:10	670
1:20	80		6:20	380		11:20	680
1:30	90		6:30	390		11:30	690
1:40	100		6:40	400		11:40	700
1:50	110		6:50	410		11:50	710
2:00	120		7:00	420		12:00	720
2:10	130		7:10	430		12:10	730
2:20	140		7:20	440		12:20	740
2:30	150		7:30	450		12:30	750
2:40	160		7:40	460		12:40	760
2:50	170		7:50	470		12:50	770
3:00	180		8:00	480		13:00	780
3:10	190		8:10	490		13:10	790
3:20	200		8:20	500		13:20	800
3:30	210		8:30	510		13:30	810
3:40	220		8:40	520		13:40	820
3:50	230		8:50	530		13:50	830
4:00	240		9:00	540		14:00	840
4:10	250		9:10	550			
4:20	260		9:20	560			
4:30	270		9:30	570			
4:40	280		9:40	580			
4:50	290		9:50	590			
5:00	300		10:00	600			
5:10	310		10:10	610			
5:20	320		10:20	620			
5:30	330		10:30	630			
5:40	340		10:40	640			
5:50	350		10:50	650			