SLEEP PATTERNS DIARY

In this diary and questionnaires, please record your sleep for a study period of eight weeks.

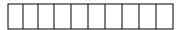
STUDY CODE:					
31001 0002.					

Please enter your daily sleep and wake times for a study period of eight weeks. Answer all the requested information. If you are not sure about how to answer a requested information or question, then try to do the best you can or contact one of the researcher, but please do not leave any section blank. Your completed diary will be treated completely confidential.

Adapted from National Sleep Foundation sleep diary

YOUR SLEEP DIARY - AN EXAMPLE

STUDY CODE



Sufficient sleep is important for your health and well-being. The Sleep Diary will track your sleep duration and trends. Sleep diary only takes a few minutes to complete.

			Complete in the	morning			
Start date:21./05./2018	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of week	_Monday_						
I went to bed last night at :	10 PM AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	6 PM(AM)	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty		EVA	RADI				
I woke up during the night							
Total # of times	2						
Total # of minutes	30						
Last night I slept a total of :	8 Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors inclu	1	•	mfort stress etc				
List mental of physical factors inclu	Sleeping too warm	mergens, temperature, discon	111011, 311 (33, 616.				
When I wake up for the day, I felt:					T		·
Refreshed Somewhat refreshed Fatigue							
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).	Anxious about my dog.						

YOUR SLEEP DIARY – AN EXAMPLE

Sufficient sleep is important for your health and well-being. The Sleep Diary will track your sleep duration and trends. Sleep diary only takes a few minutes to complete.

		·								nd of the o			irenus. Si							•	
Day of week	Day 1	ay		Day 2			Day 3			Day 4	_		Day 5			Day 6	_		Day 7		
I consumed caffeinated drink	s in the (f	M)orning	g, (A)fterr	noon, (E)v	ening,																
M/A/E/	М	Α	E	М	Α	E	М	А	E	М	А	E	М	А	E	М	А	E	М	А	E
WI/A/L/	IVI	^	_	IVI	Α	_	l IVI	^	_	IVI	^	_	IVI	^	_	IVI	^	L	101	^	
How many?	_1	_1	1																		
How many minutes did you e	exercise in	the (M)	orning, (A	A)fternoo	n, (E)ven	ing,															
M/A/E/	M	Α	E	М	Α	E	М	Α	E	М	Α	E	М	Α	E	М	Α	Е	М	Α	Е
duration																					
Intensity-low, moderate, high	30min																				
I took a nap?		Yes			Yes			Yes			Yes			Yes			Yes			Yes	
(circle one)		No)		No		-	No		Л	No		•	No			No			No	
If yes, for how long?								VA.													
Throughout the day, in gene Very unpleasant (1)	ral my mo	od was:																	Very p	oleasan	t (10)
My mood was affected by ? Eg: exam results, work stress, bad news, do not know																					
Please given a number from the scale 1 - 10		9.5																			
Within the last three hours before bed time, I consumed													·								
Alcohol A heavy meal Caffeine Not applicable Medications that I took each day for sleep purposes																				 	

WEEK 1

			Complete in the	morning			
Start date:/	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of week							
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep				1			•
Easily After some time With difficulty							
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors inclu				Tiouis	Tiouis	110013	110013
When I wake up for the day, I felt:							
Refreshed Somewhat refreshed Fatigue							
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

WEEK 1

- 4					

								Comple	te at the	end of the	day										
Day of week	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
I consumed caffeinated drinl	ks in the (Marnin	g (A)fter	noon (E)	vening																
1 consumed carremated dring	1	ivijoriiiii	g, (A)itei	110011, (L)	veriing,											1			1		
M/A/E/	М	Α	Е	М	Α	Е	М	Α	Е	М	Α	E	М	А	Е	М	Α	E	М	Α	E
How many?					_			_			_										
How many minutes did you	exercise ir	the (M)orning, ((A)fternoo	on, (E)ve	ning,	1						I						1		
M/A/E/	М	Α	E	М	Α	E	М	Α	Е	М	Α	E	М	Α	E	М	Α	E	М	Α	Е
duration							1						I								
Intensity-low,																					
moderate,																					
high																					
I took a nap?		Yes			Yes			Yes			Yes			Yes			Yes			Yes	
(circle one)																					
		No			No			No			No			No			No			No	
If yes, for how long?																					
Throughout the day, in gene Very unpleasant (1)	ral my mo	ood was																	Very p	pleasant	(10)
My mood was affected by ?																					
Eg: exam results, work																					
stress, bad news, do not																					
know																					
Please given a number																					
from the scale 1 - 10																					
With in the last three hours																					
before bed time, I consumed																					
Alcohol														1			1			1	
A heavy meal																					
Caffeine																					
Not applicable																					
Medications that I took																					
each day for sleep								J			l						l]	
purposes																					

WEEK 2

			Complete in the	morning			
Start date:/	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of week							
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty							
I woke up during the night		1					
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors inclu	ding noise, lights, pets, a		nfort, stress, etc.				
1 /	<u> </u>		, ,				
When I wake up for the day, I felt:		I		l			
Refreshed Somewhat refreshed Fatigue							
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

WEEK 2

Complete at the end of the day																					
Day of week	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
I consumed caffeinated drinl	c in the //	Marnin	a (A)fton	maan (E)	voning																
i consumed carremated drim	1 3 111 1116 (1	VIJOITIIII	g, (A)Itei	110011, (E)	verning,		1			-						1			1		
M/A/E/	М	Α	E	М	Α	E	М	Α	Е	М	Α	Е	М	Α	E	М	Α	E	М	Α	Ε
How many?					_			_			_										
How many minutes did you	exercise in	the (M)orning, (A)fternoo	on, (E)vei	ning,							1			I					
M/A/E/	М	Α	E	М	Α	E	М	Α	E	М	Α	E	М	Α	E	М	Α	Е	М	Α	Е
duration																					
Intensity-low,																					
moderate,																					
high																					
I took a nap?		Yes			Yes			Yes			Yes	<u> </u>		Yes			Yes			Yes	
(circle one)																					
		No			No			No			No			No			No			No	
If yes, for how long?																					
Throughout the day, in gene Very unpleasant (1)	ral my mo	od was					•			•			•			•			Very	pleasant	(10)
My mood was affected by ?																					
Eg: exam results, work																					
stress, bad news, do not																					
know																					
Please given a number from the scale 1 - 10																					
With in the last three hours																					
before bed time, I																					
consumed																					
Alcohol]]]	
A heavy meal																	l			1	
Caffeine																					
Not applicable																					
Medications that I took																					
each day for sleep								1			l			_			ı			1	
purposes	1																		1		

WEEK 3

			Complete in the	morning			
Start date:/	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of week							
I went to bed last night at :							
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out or bed this morning at.	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily							
After some time With difficulty							
I woke up during the night	l		<u> </u>		•	l	<u> </u>
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors inclu		•	•		1.100.10		
When I wake up for the day, I felt:				L	L		
Refreshed Somewhat refreshed Fatigue							
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

WEEK 3

								Comple	te at the	end of the	day										
Day of week	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
I consumed caffeinated drinl	ks in the /I	Marnin	a (A)ftor	noon (E)	voning																
r consumed carremated drim	rs in the (i	IVI)OI IIIII	g, (A)Itei	110011, (E)	verning,											-			1		
M/A/E/	М	Α	Е	М	Α	Е	М	Α	Е	М	Α	Е	М	Α	E	М	Α	E	М	Α	Ε
How many?					_						_										
How many minutes did you	exercise in	the (M)orning, ((A)fterno	on, (E)ve	ning,							I						1		
M/A/E/	М	Α	E	М	Α	E	М	А	E	М	Α	Е	М	Α	Е	М	Α	E	М	Α	E
duration													II.								
Intensity-low, moderate,																					
high																					
I took a nap?		Yes			Yes			Yes			Yes	5		Yes			Yes			Yes	
(circle one)		No			No			No			No			No			No			No	
If yes, for how long?																					
Throughout the day, in gene Very unpleasant (1)	ral my mo	od was		1			_			<u> </u>			<u>'</u>						Very p	pleasant ((10)
My mood was affected by ?																					
Eg: exam results, work																					
stress, bad news, do not know																					
Please given a number from the scale 1 - 10																					
With in the last three hours before bed time, I consumed																					
Alcohol]				
A heavy meal																					
Caffeine Not applicable																					
Medications that I took																					
each day for sleep								I]]	
purposes																					

WEEK 4

			Complete in the	morning			
Start date:/	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of week							
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep				<u> </u>			
Easily After some time With difficulty							
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors inclu	ding noise, lights, pets, a	llergens, temperature, discor	nfort, stress, etc.				
When I wake up for the day, I felt:	I	l			l	!	I
Refreshed Somewhat refreshed Fatigue							
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

WEEK 4

								Comple	te at the e	end of the	day										
	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
Day of week																					
I consumed caffeinated drink	ks in the (I	M)ornin _{	g, (A)fter	noon, (E)	vening,																
M/A/E/	М	Α	Ε	М	Α	Е	M	Α	Ε	М	Α	E	М	Α	Ε	М	Α	Ε	M	Α	Ε
How many?																					
How many minutes did you e	vercise in	the (M)	Aorning (Δ\fternoc	n (F)ver	ning										1			<u> </u>		
M/A/E/	M	A		М	Α	E	М	A	E	М	A	E	М	A	E	М	A	Е	М	A	
MI/A/E/	IVI	А	Е	IVI	А	E	IVI	А	E	IVI	А	E	IVI	А	E	IVI	А	E	IVI	А	Е
duration																			+		
Intensity-low,																			+		
moderate,																-					
high																					
· ·																					
I took a nap?		Yes			Yes			Yes			Yes	5		Yes			Yes			Yes	
(circle one)																					
		No			No			No			No			No			No			No	
If yes, for how long?																					
Throughout the day, in gene	ral my mo	od was																	Very	pleasant	(10)
Very unpleasant (1)	I						_			_						_					
My mood was affected by ?																					
Eg: exam results, work																					
stress, bad news, do not know																					
KIIOW																					
Please given a number				1												1			+-		
from the scale 1 - 10																					
With in the last three hours																			1		
before bed time, I																					
consumed																					
Alcohol]]	
A heavy meal]						נ	
Caffeine																					
Not applicable																					
Medications that I took																					
each day for sleep														_			ı			_	
purposes																					

WEEK 5

			Complete in the	morning			
Start date:/	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of week							
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep	Γ	T	T	T	T	1	T
Easily After some time With difficulty							
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors inclu	ding noise, lights, pets, a	llergens, temperature, discor	mfort, stress, etc.				
When I wake up for the day, I felt:						•	
Refreshed Somewhat refreshed Fatigue							
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

WEEK 5

								Comple	te at the	end of the	day										
Day of week	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
I consumed caffeinated drinl	ks in the /I	Marnin	a (A)ftor	noon (E)	voning																
r consumed carremated drim	rs in the (i	IVI)OI IIIII	g, (A)Itei	110011, (E)	verning,											-			1		
M/A/E/	М	Α	Е	М	Α	Е	М	Α	Е	М	Α	Е	М	Α	E	М	Α	E	М	Α	Ε
How many?					_						_										
How many minutes did you	exercise in	the (M)orning, ((A)fterno	on, (E)ve	ning,							I						1		
M/A/E/	М	Α	E	М	Α	E	М	А	E	М	Α	Е	М	Α	Е	М	Α	E	М	Α	E
duration													II.								
Intensity-low, moderate,																					
high																					
I took a nap?		Yes			Yes			Yes			Yes	5		Yes			Yes			Yes	
(circle one)		No			No			No			No			No			No			No	
If yes, for how long?																					
Throughout the day, in gene Very unpleasant (1)	ral my mo	od was		1			_			<u> </u>			<u>'</u>						Very p	pleasant ((10)
My mood was affected by ?																					
Eg: exam results, work																					
stress, bad news, do not know																					
Please given a number from the scale 1 - 10																					
With in the last three hours before bed time, I consumed																					
Alcohol]				
A heavy meal																					
Caffeine Not applicable																					
Medications that I took																					
each day for sleep								I]]	
purposes																					

WEEK 6

			Complete in the	morning			
Start date:/	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of week							
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep							
Easily After some time With difficulty							
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors inclu	ding noise, lights, pets, a	llergens, temperature, discor	nfort, stress, etc.				
When I wake up for the day, I felt:				•			
Refreshed Somewhat refreshed Fatigue							
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

WEEK 6

								Comple	te at the	end of the	day										
Day of week	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
I consumed caffeinated drin	ks in the (M)ornin	g, (A)fter	noon, (E)	vening,																
	1			1	<u> </u>														1		
M/A/E/	М	Α	E	М	Α	E	М	Α	E	М	Α	E	М	Α	Е	М	Α	E	М	Α	E
How many?																					
How many minutes did you	exercise ir	n the (M	orning, (A)fternoc	on, (E)ver	ning,							I						-		
M/A/E/	М	Α	E	М	Α	Е	М	Α	E	М	Α	E	M	Α	E	М	Α	E	М	Α	E
duration																					
Intensity-low,																					
moderate,																					
high																					
I took a nap?		Yes			Yes			Yes			Yes	i		Yes			Yes			Yes	
(circle one)		No			No			No			No			No			No			No	
If yes, for how long?																					
Throughout the day, in gene Very unpleasant (1)	ral my mo	ood was																	Very	pleasan	it (10)
My mood was affected by ?																					
Eg: exam results, work																					
stress, bad news, do not know																					
Please given a number																					
from the scale 1 - 10																					
With in the last three hours before bed time, I consumed																					
Alcohol]							
A heavy meal]]	
Caffeine]]	
Not applicable																					
Medications that I took																					
each day for sleep											1			_			-			_	

WEEK 7

			Complete in the	morning			
Start date:/	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of week							
I went to bed last night at :	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep	Γ	T	T	T	T	1	T
Easily After some time With difficulty							
I woke up during the night							
Total # of times							
Total # of minutes							
Last night I slept a total of :	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My Sleep was disturbed by: List mental or physical factors inclu	ding noise, lights, pets, a	llergens, temperature, discor	mfort, stress, etc.				
When I wake up for the day, I felt:						•	
Refreshed Somewhat refreshed Fatigue							
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).							

WEEK 7

Complete at the end of the day Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7																						
	Day 1			Day 2					Day 3 Day 4							Day 6			Day 7			
Day of week																						
																	_			_		
I consumed caffeinated drinks in the (M)orning, (A)fternoon, (E)vening,																						
M/A/E/	М	Α	E	М	Α	E	M	Α	E	М	Α	E	M	Α	E	М	Α	Ε	М	Α	Ε	
How many?																						
,																						
How many minutes did you exercise in the (M)orning, (A)fternoon, (E)vening,																						
M/A/E/	М	Α .	E	M	Α	E	М	Α	E	М	Α	E	М	Α	E	М	Α	E	М	A	Е	
duration										_												
Intensity-low,																						
moderate, high																						
Tilgii																						
I took a nap?	Yes			Yes			Yes			Yes			Yes			Yes			Yes			
(circle one)																						
		No			No		No				No			No			No			No		
If yes, for how long?																						
Throughout the day, in gene	ral my mo	od was																	Very p	leasant (10)	
Very unpleasant (1) My mood was affected by ?				I			1									1						
Eg: exam results, work																						
stress, bad news, do not																						
know																						
Please given a number																						
from the scale 1 - 10																						
With in the last three hours																						
before bed time, I																						
consumed																						
Alcohol														1								
A heavy meal																						
Caffeine																						
Not applicable																						
Medications that I took											1											
each day for sleep											ı								_			

WEEK 8

Complete in the morning														
Start date:/	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7							
Day of week														
I went to bed last night at :	PM/AM													
I got out of bed this morning at:	PM/AM													
Last night I fell asleep														
Easily After some time With difficulty														
I woke up during the night														
Total # of times														
Total # of minutes														
Last night I slept a total of :	Hours													
My Sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergens, temperature, discomfort, stress, etc.														
When I wake up for the day, I felt:														
Refreshed Somewhat refreshed Fatigue														
Notes: Record any other factors that may affect your sleep (i.e hours of work shift, monthly cycle for women).														

WEEK 8

								Comple	te at the	end of the	day										
Day of week	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
I consumed caffeinated drinl	ks in the /	N/A\ornin	a (A)ftor	roon (E)	voning																
i consumed carremated drim	T THE	ivijoriiii	g, (A)Itei	110011, (E)	vening,											1			1		
M/A/E/	М	Α	E	М	А	E	М	Α	Е	М	Α	Е	М	Α	E	М	Α	E	М	Α	E
How many?								_													
How many minutes did you	exercise ir	the (M)orning, ((A)fternoo	on, (E)ve	ning,				I			<u> </u>						1		
M/A/E/	М	Α	E	М	Α	E	М	Α	E	М	Α	Е	M	Α	E	М	Α	E	М	Α	E
duration													II.								
Intensity-low, moderate,														-							
high																					
I took a nap?		Yes			Yes			Yes			Yes	5		Yes			Yes			Yes	
(circle one)		No			No			No			No			No			No			No	
If yes, for how long?																					
Throughout the day, in gene Very unpleasant (1)	ral my mo	ood was																	Very p	oleasant ((10)
My mood was affected by?																					
Eg: exam results, work stress, bad news, do not																					
know																					
Please given a number from the scale 1 - 10																					
With in the last three hours before bed time, I consumed																					
Alcohol																					
A heavy meal Caffeine																					
Not applicable																					
Medications that I took																					
each day for sleep											ı			_			1		-	1	
DULDUSES	1			1			1			1			1			1			i .		