

INSOMNIA MANAGEMENT KIT

Sleep Diary

The Insomnia Management Kit is intended to be used in conjunction with your GP. To access further instructions on the use of this fact sheet and other components of the Insomnia Management Kit, go to 'Insomnia management' on the SA Health website: www.sahealth.sa.gov.au.

The first step in dealing with a sleep problem is an accurate assessment of its nature, severity and causes. Then a diagnosis can be made and appropriate treatment implemented.

The Sleep Diary

The Sleep Diary is useful when a more comprehensive assessment is required.

Generally, people include the Sleep Diary as part of their daily routine. The times that are written down need only be estimated.

How to use the Sleep Diary

Complete the Sleep Diary over seven to fourteen consecutive days.

Just before going to bed each night:

- > Record the day in the box (eg Monday).
- > Draw a line on the graph for any daytime naps.
- > Place a **C** for each cup of tea, coffee or caffeine cola.
- > Place a **A** for each glass of alcoholic drink.
- > Place a **M** when sleep medication is taken.
- > place a down arrow (↓) at the time you intend turning out the lights to go to sleep.

When you get out of bed:

- > Record the time you got out of bed with an up arrow (↑).
- > Draw a line on the graph for the time you were asleep.
- > Leave gaps to indicate any period where you believe you were awake.

This is only an estimate of the time awake. DO NOT clock watch!

Once completed return to your health professional with the diary for analysis and to receive the recommended management therapy(s).

Sleep Diary

Example graph, see instructions: *How to use Sleep Diary*



Sleep Diary (24 hrs) commences at 9am



Day

9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	

Day

9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	

Day

9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	

Day

9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	

Please list ALL
your current
medications:

TWO WEEK SLEEP DIARY

INSTRUCTIONS:

1. Write the date, day of the week, and type of day: Work, School, Day Off, or Vacation.
2. Put the letter "C" in the box when you have coffee, cola or tea. Put "M" when you take any medicine. Put "A" when you drink alcohol. Put "E" when you exercise.
3. Put a line (l) to show when you go to bed. Shade in the box that shows when you think you fell asleep.
4. Shade in all the boxes that show when you are asleep at night or when you take a nap during the day.
5. Leave boxes unshaded to show when you wake up at night and when you are awake during the day.



SAMPLE ENTRY BELOW: On a Monday when I worked, I logged on my lunch break at 1 PM, had a glass of wine with dinner at 6 PM, fell asleep watching TV from 7 to 8 PM, went to bed at 10:30 PM, fell asleep around Midnight, woke up and couldn't get back to sleep at about 4 AM, went back to sleep from 5 to 7 AM, and had coffee and medicine at 7:00 in the morning.

Today's Date	Day of the week	Type of Day Work, School, Off, Vacation	Noon	1PM	2	3	4	5	6PM	7	8	9	10	11PM	Midnight	1AM	2	3	4	5	6AM	7	8	9	10	11AM
sample	Mon.	Work		E					A				I									C	M			

week 2

week 1

Symptoms / Management Table

This table will guide patients to identify whether they have insomnia symptoms and suggest appropriate management techniques. If they answer **YES** to any of the questions place a tick in the associated box. This process should result in one or more ticks indicating the recommended management technique(s). This simply means a number of factors may be contributing to their sleep problem.

Insomnia symptoms

If any of the following are present from the clinical consultation or the *Sleep Diary* tick the associated box.

Management techniques

Sleep: Facts and hygiene
plus

<p>Going to bed but not falling asleep for some time (over 30 minutes) and becoming anxious about it.</p>		<input type="checkbox"/> Stimulus Control Therapy <input type="checkbox"/> Relaxation Therapy <input type="checkbox"/> Cognitive Therapy
<p>Waking for long periods during the night and becoming anxious about being unable to return to sleep.</p>		<input type="checkbox"/> Bedtime Restriction Therapy <input type="checkbox"/> Relaxation Therapy <input type="checkbox"/> Cognitive Behaviour Therapy
<p>Spending excessive time in bed and experiencing sleep broken by frequent awakenings.</p>		<input type="checkbox"/> Sleep Restriction
<p>Falling asleep early each evening (before 9pm), waking very early and being unable to return to sleep.</p>		<input type="checkbox"/> Bright Light Therapy (evening)
<p>Not falling asleep until the early hours of the morning (after midnight) and then experiencing difficulty rising early each morning, even with an alarm.</p>		<input type="checkbox"/> Bright Light Therapy (morning)

For more information

Refer to 'Insomnia management' and 'Sleep problems' on the SA Health website: www.sahealth.sa.gov.au

Treatment of Insomnia in Adults. M. Bonnet et. al. Uptodate. May 2017.

American Journal of Sleep Medicine. <http://yoursleep.aasmnet.org/pdf/sleepdiary.pdf>

Professor Leon C. Lack and Dr Helen Wright, School of Psychology, Flinders University assisted with the information in this resource.

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