SLEEPSET

SLEEP DIARY & QUESTIONNAIRE

A simple seven-day picture of your sleep

NAME	WEEK BEGINNING
EMAIL (OPTIONAL)	DATE COMPLETED

How to use this pack

1. **Complete the diary each morning**
   Estimate rather than watching the clock during the night.

2. **Record seven typical days**
   Include workdays and days off where possible.

3. **Be honest, not perfect**
   There are no right answers; the aim is to spot useful patterns.

4. **Add brief notes**
   Stress, caffeine, exercise, screens and unusual events can all add context.

Please note This pack helps build a picture of your sleep. It is not a diagnostic or emergency medical assessment.

YOUR SEVEN-DAY SLEEP DIARY

Complete one row each morning. Approximate times are fine. • Sleep quality: 1 = very poor, 5 = average, 10 = excellent.

Day	Bedtime	Time to fall asleep (mins)	Night wakings (times + duration)	Wake-up time	Total sleep (hours)	Sleep quality (1-10)	Notes: mood, stress, caffeine, exercise, screens
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							

SHORT SLEEP QUESTIONNAIRE

Short answers are perfect. Add as much detail as feels useful.

1 Your main concern

What is your biggest struggle with sleep right now?

For example: falling asleep, staying asleep, waking too early, poor quality or an inconsistent routine.

2 Your sleep environment

Do you usually sleep in a dark, quiet and comfortably cool room? [ ] Yes [ ] No

Do you share your bed with a partner, child or pet? [ ] Yes [ ] No

Is there anything else about your bedroom or surroundings that affects your sleep?

3 Lifestyle factors

How many caffeinated drinks do you usually have each day, and at what times?

How often do you exercise, and at what time of day?

SHORT SLEEP QUESTIONNAIRE / CONTINUED

4 Screens & wind-down

What time is your last screen use (TV, phone or laptop) before bed?

Do you have a bedtime routine? If yes, describe it briefly.

5 Stress & mental load

Do you often feel stressed, worried or mentally busy at night? [ ] Yes [ ] No

Are there any significant current stressors (work, family or health)?

6 Sleep aids

Do you currently use any sleep aids?

For example: supplements, medication, apps, white noise or relaxation recordings.

7 Your goal

If you could improve one thing about your sleep, what would it be?

Thank you — your answers will help make your Sleep Snapshot personal, practical and relevant to you.