

# circadin®



## Sleep Diary

This diary enables you to record how well you sleep at night and is a useful way for you to see your sleeping patterns over a period of time. Take the diary with you next time you go to see your doctor.

### What is a sleep diary?

A sleep diary is a daily log that can be used to record your sleep-wake pattern. Your doctor may use this diary to see what is the most appropriate treatment for your insomnia. It helps you monitor when you go to bed and get up in the morning, how long it takes for you to fall asleep, how often you wake during the night, and how restful your sleep is. It allows you to record any food, drink or activities that may be affecting your sleep.

Talk to your doctor or pharmacist for more information about Circadin® or visit [www.circadin.com.au](http://www.circadin.com.au)

### Why should I keep a sleep diary?

Keeping a sleep diary can help you and your doctor learn more about your sleep patterns and uncover ways to best improve your sleep. It also can help you assess how your current sleep treatment is working for you.

### How do I complete the sleep diary?

- Fill out the diary every day for at least one week. Use multiple sheets for additional weeks.
- Do this each morning when you wake up and each night when you go to bed.
- Keep the diary beside your bed so it is easy to fill in.



## Complete in the morning ☀️

Week 1 2 3 4 (please circle)

Beginning date: / /	Went to bed last night at:	Fell asleep in:	Woke up during the night:	Woke up in the morning at:	When I woke up this morning I felt:	Slept a total of:
Day 1	am/pm	minutes	times	am/pm	refreshed partly refreshed fatigued	hours
Day 2	am/pm	minutes	times	am/pm	refreshed partly refreshed fatigued	hours
Day 3	am/pm	minutes	times	am/pm	refreshed partly refreshed fatigued	hours
Day 4	am/pm	minutes	times	am/pm	refreshed partly refreshed fatigued	hours
Day 5	am/pm	minutes	times	am/pm	refreshed partly refreshed fatigued	hours
Day 6	am/pm	minutes	times	am/pm	refreshed partly refreshed fatigued	hours
Day 7	am/pm	minutes	times	am/pm	refreshed partly refreshed fatigued	hours

# Complete in the evening

Week 1 2 3 4 (please circle)

Beginning date: / /	Exercised:	Had a nap:	Had caffeinated drinks (e.g. cocoa, coffee, cola, tea, energy drinks)	Within 3 hours of going to sleep, I had:	Went to bed in the evening at:	About 1 hour before going to sleep I:
<b>Day 1</b>	morning afternoon evening N/A	minutes, am/pm	morning afternoon evening N/A	alcohol a heavy meal neither	am/pm	watched TV worked read
<b>Day 2</b>	morning afternoon evening N/A	minutes, am/pm	morning afternoon evening N/A	alcohol a heavy meal neither	am/pm	watched TV worked read
<b>Day 3</b>	morning afternoon evening N/A	minutes, am/pm	morning afternoon evening N/A	alcohol a heavy meal neither	am/pm	watched TV worked read
<b>Day 4</b>	morning afternoon evening N/A	minutes, am/pm	morning afternoon evening N/A	alcohol a heavy meal neither	am/pm	watched TV worked read
<b>Day 5</b>	morning afternoon evening N/A	minutes, am/pm	morning afternoon evening N/A	alcohol a heavy meal neither	am/pm	watched TV worked read
<b>Day 6</b>	morning afternoon evening N/A	minutes, am/pm	morning afternoon evening N/A	alcohol a heavy meal neither	am/pm	watched TV worked read
<b>Day 7</b>	morning afternoon evening N/A	minutes, am/pm	morning afternoon evening N/A	alcohol a heavy meal neither	am/pm	watched TV worked read

N/A = not applicable

List below any other things that may have affected your sleep (e.g. partner snoring, room temperature, worry, dog barking)

---



---



---



---



For more information,  
visit [www.circadin.com.au](http://www.circadin.com.au) or scan here



AF06182 ASP2628

**ASK YOUR PHARMACIST ABOUT THIS PRODUCT.**

Trademarks are owned by or licensed to the Aspen Group of companies

© 2021 Aspen Group of companies or its licensors. All rights reserved.

Date of preparation: Dec 2021

