

APPENDIX

4. Sleep diary

Fill this in for at least a week and make a note of:

- where you were when you were asleep – **shade it in**;
- when you took medicines for pain or sleep;
- whether anything seemed to keep you awake.

Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6 a.m.							
7 a.m.							
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
12 p.m.							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							

OVERCOMING CHRONIC PAIN

6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							
10 p.m.							
11 p.m.							
12 a.m.							
1 a.m.							
2 a.m.							
3 a.m.							
4 a.m.							
5 a.m.							

Once you have done the diary for several days or a week, what do you notice? It can be useful to make a note of any patterns, or things that seem to help. What would you like to try to change? Explore ideas in the Sleeping well chapter and try them out.