

**APPENDIX 1  
SLEEP DIARY**

Week Beginning ...../...../.....	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activities in the hour before bedtime?							
Time taken to bed?							
Number of times gets out of bed?							
Time and place fell asleep?							
What helped him/her settle?							
Number of times up overnight and for how long?							
Activities when up in the night?							
Time he/she got up in morning?							
Did he/she require waking in the morning?							
Day time naps – how many and for how long?							

*This Shared Care Protocol should be read in conjunction with the Summary of Product Characteristics*