



Activity: “ACT Sleep Diary” by EQness

Aim:

The aim of this diary is to help you understand of your sleep patterns and how different factors affect your sleep quality. It encourages self-awareness and self-reflection on your sleep habits, emotions, and thoughts related to sleep, enabling you to identify the causes of your insomnia. This will provide you with the opportunity to make necessary adjustments.

Description:

The ACT Sleep Diary is a reflective tool that will help you monitor your progress and plan future steps to improve your sleep. By regularly filling out the ACT Sleep Diary, you'll get a better understanding of your unique sleep patterns. It will also give you insights on how to implement the techniques and strategies you will learn throughout this course.

To use the diary:

1. Complete it each morning, recording details about the previous night's sleep.
2. Spend some time on the reflections section. Try to be honest and detailed in your responses. This isn't about judging or criticizing your actions; instead, it's about understanding your sleep habits and patterns.
3. Set your goals for the following day. Focus on strategies to manage sleep-related thoughts or worries differently, and make plans to create a good sleeping environment.
4. Initially, make a commitment to consistently fill out the diary for at least two weeks. During this period, you will get a broader understanding of your sleep patterns and habits. If you find it helpful, continue using it for as long as you find it beneficial.
5. Use the “Extra notes or comments” section to record extra thoughts about the night including dreams, disruptions, and techniques used (ACT or any other). Also, capture changes in routine, lifestyle, or environment that may impact sleep but aren't covered elsewhere in the diary.

Date: _____

1. Bedtime last night:

Time I got into bed: _____

Time I tried to fall asleep: _____

2. Wake-up time today:

Time I woke up: _____

Time I got out of bed: _____

3. Total sleep time (approx.): _____ hours

4. Number of awakenings during the night (if any): _____

5. Sleep Quality (rate 1-5, with 1 being poor and 5 being excellent): _____

6. Daytime naps (if any):

Time: _____

Duration: _____

7. Activities 2 hours before bed (TV, exercise, meals, work, etc.):

8. Mood before sleep (rate 1-5, with 1 being very stressed and 5 being very relaxed):

9. Use of sleep medications (yes/no): _____

10. Caffeine or alcohol intake (yes/no): _____

Reflections:

11. What thoughts or worries, if any, kept you awake?

12. How did you react to these thoughts or worries?

13. How did you manage or cope with these thoughts or worries?

Goals for tomorrow:

14. How might you approach these thoughts or worries differently if they arise again?

15. How will you prepare for a restful sleep tomorrow? (Consider your pre-sleep routine, environment, etc.)

Extra notes or comments:

16. Additional thoughts, observations, or experiences: