

# Sleep Diary

Day 1      Day 2      Day 3      Day 4      Day 5      Day 6      Day 7

<b>What time did you go to bed?</b>							
<b>What time did you wake up?</b>							
<b>Total # of hours and minutes asleep.</b>							
<b>How well did you sleep?</b> Rate 1-10 1=not at all 10=very well							
<b>How many times did you wake up during the night?</b> Note times.							
<b>Stress level today.</b> Rate 1-10 1=no stress 10=overwhelmed							
<b>Total ounces of caffeinated beverages.</b> Note time of last beverage consumed.							
<b>Number of alcoholic beverages.</b> Note time of last beverage consumed.							
<b>Time of last food consumed before bed.</b>							