

Sleep Diary: Name _____

Start Date ____ / ____ / ____

Answer questions 1 – 5 each morning	Day 1 AM	Day 2 AM	Day 3 AM	Day 4 AM	Day 5 AM	Day 6 AM	Day 7 AM
1. What time did you go to bed last night?							
2. How long did it take you to fall asleep?							
3. About how many times did you wake up during the night?							
4. At what time did you get out of bed this morning?							
5. How did you feel when you woke up?	<input type="checkbox"/> Very well rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Tired	<input type="checkbox"/> Very well rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Tired	<input type="checkbox"/> Very well rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Tired	<input type="checkbox"/> Very well rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Tired	<input type="checkbox"/> Very well rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Tired	<input type="checkbox"/> Very well rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Tired	<input type="checkbox"/> Very well rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Tired

Answer questions 6 – 8 each night	Day 1 PM	Day 2 PM	Day 3 PM	Day 4 PM	Day 5 PM	Day 6 PM	Day 7 PM
6. How much time did you spend napping today?							
7. How much caffeine* did you have today? *soda, coffee, tea, chocolate							
8. On a scale of 1 to 5, how was your energy during the day?	<input type="checkbox"/> 5 Energetic <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Sleepy	<input type="checkbox"/> 5 Energetic <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Sleepy	<input type="checkbox"/> 5 Energetic <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Sleepy	<input type="checkbox"/> 5 Energetic <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Sleepy	<input type="checkbox"/> 5 Energetic <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Sleepy	<input type="checkbox"/> 5 Energetic <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Sleepy	<input type="checkbox"/> 5 Energetic <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Sleepy

Comments?							
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