

Sleep Journal

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
COMPLETE IN THE MORNING	Time I went to bed						
	Time it took to fall asleep						
	Time I woke up						
	Total hours slept						
	Number of times I woke up during the night						
	Time spent awake						
	Medications and times I took them						
When I woke this morning, I felt: 1 - Extremely sleepy, and I struggled to wake up 2 - Somewhat tired 3 - Fairly alert 4 - Wide awake							
COMPLETE IN THE EVENING	Number of caffeinated drinks (coffee, tea, soda) and the time I had them						
	Number of alcoholic drinks and the time I had them						
	Number and duration of naps I took						
	Frequency and duration of exercise						
	During the day today, I felt: 1 - Extremely sleepy, and I struggled to stay awake during much of the day 2 - Somewhat tired 3 - Fairly alert 4 - Wide awake						