

Sleep Journal

COMPLETE IN THE MORNING

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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							
Unusual occurrences (e.g., vivid dreams, sleepwalking, etc.)							
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 times I had them							
Number of alcoholic drinks and the times I had them							
Number, duration, and times of naps							
Time of day 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							