## Sleep Journal

Get insights into your sleep patterns and unlock the secrets to a good night's rest.


Fill out your diary as soon as you wake up. Respond to the questions about your sleep and daily behavior for the prior day -and how you feel today after waking up.

## Day 1

$\qquad$

| How did you | How much <br> caffeine did you |
| :--- | :--- |
| $\square$ EASleep? | drink yesterday |
| $\square$ IT TOOK A BIT | (coffee, tea, soda)? |
| $\square$ IT WAS DIFFICULT | $\square$ 1CUP |
|  | $\square$ 2 DRINKS |
|  | $\square$ MORE |


| How much <br> alcohol? | How did you feel <br> after waking up? |
| :--- | :--- |
| $\square$ 1DRINK | $\square$ REFRESHED |
| $\square$ 2 DRINKS | $\square$ JUST OK |
| $\square$ MORE | $\square$ TIRED |

Did you wake up and struggle to fall back asleep?NO, SLEPT THROUGHYES, STRUGGLED ONCEYES, MORE THAN ONCE

Extra credit: At the end of the day, jot down how you felt throughout the day (energized, sleepy, etc.):
$\qquad$
$\qquad$ AM/PM
How did you
fall asleep?EASILYIT TOOK A BITIT WAS DIFFICULT

How much caffeine did you drink yesterday (coffee, tea, soda)?
$\square$ 1CUP
$\square 2$ DRINKS $\square$ MORE

## How much alcohol?

$\square$ 1DRINK
$\square 2$ DRINKS
$\square$ MORE

How did you feel
after waking up?
$\square$ REFRESHEDJUST OKTIRED
$\square$ NO, SLEPT THROUGH
$\square$ YES, STRUGGLED ONCE
$\square$ YES, MORE THAN ONCE

Extra credit: At the end of the day, jot down how you felt throughout the day (energized, sleepy, etc.):
$\qquad$

## Day 3

TOTAL NUMBER OF HOURS SLEPT $\qquad$ YOU GO TO BED? $\qquad$ WHAT TIME DID YOU WAKE UP? AM/PM
Did you wake up and struggle to fall back asleep?
$\square$ NO, SLEPT THROUGH
$\square$ YES, STRUGGLED ONCE
$\square$ YES, MORE THAN ONCE
How did you feel
after waking up?

How did you
fall asleep?
IT TOOK A BITIT WAS DIFFICULT

How much caffeine did you drink yesterday
(coffee, tea, soda)?
$\square 1$ CUP
$\square 2$ DRINKS $\square$ MORE
How much
alcohol?
$\square$ 1DRINK
$\square 2$ DRINKS
$\square$ MOREREFRESHEDJUST OKTIRED
$\qquad$

How much caffeine did you drink yesterday (coffee, tea, soda)?

```
\square 1 \mathrm { CUP }
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$\square$ 2DRINKS $\square$ MORE

## How much alcohol?

$\square$ 1DRINK
$\square$ 2DRINKS
$\square$ MORE
How did you feel
after waking up?REFRESHEDJUST OKTIRED
and struggle to fall back asleep?
$\square$ NO, SLEPT THROUGH
$\square$ YES, STRUGGLED ONCE
$\square$ YES, MORE THAN ONCE

Extra credit: At the end of the day, jot down how you felt throughout the day (energized, sleepy, etc.):
$\qquad$

## Dav5

TOTAL NUMBER OF HOURS SLEPT $\qquad$ YOU GO TO BED? $\qquad$ WHAT TIME DID YOU WAKE UP? AM/PM
Did you wake up and struggle to fall back asleep?
$\square$ NO, SLEPT THROUGH
$\square$ YES, STRUGGLED ONCE
$\square$ YES, MORE THAN ONCE
How did you feel
after waking up?

How did you
fall asleep?
IT TOOK A BITIT WAS DIFFICULT

How much caffeine did you drink yesterday (coffee, tea, soda)?

## $\square 1$ CUP

$\square 2$ DRINKS $\square$ MORE
How much
alcohol?
$\square$ 1DRINK
$\square 2$ DRINKS
$\square$ MOREREFRESHEDJUST OKTIRED
$\qquad$
$\qquad$ AM/PM

How much caffeine did you drink yesterday (coffee, tea, soda)?
$\square$ 1CUP
$\square 2$ DRINKS $\square$ MORE

## How much alcohol?

$\square$ 1DRINK
$\square 2$ DRINKS
$\square$ MORE
How did you feel
after waking up?REFRESHEDJUST OKTIRED
and struggle to fall back asleep?
$\square$ NO, SLEPT THROUGH
$\square$ YES, STRUGGLED ONCE
$\square$ YES, MORE THAN ONCE

Extra credit: At the end of the day, jot down how you felt throughout the day (energized, sleepy, etc.):
$\qquad$
$\qquad$

## Day 7

## TOTAL NUMBER

 OF HOURS SLEPT $\qquad$WHAT TIME DID YOU GO TO BED? $\qquad$ AM/PM WHAT TIME DID YOU WAKE UP? $\qquad$

How did you fall asleep?
IT TOOK A BITIT WAS DIFFICULT

## How much

 caffeine did you drink yesterday (coffee, tea, soda)?
## $\square 1$ CUP

$\square 2$ DRINKS $\square$ MORE

| How much | How did you feel |
| :--- | :--- |
| alcohol? | after waking up? |

$\square$ 1DRINK
$\square 2$ DRINKS
$\square$ MOREREFRESHEDJUST OKTIRED

Did you wake up and struggle to fall back asleep?
$\square$ NO, SLEPT THROUGH
$\square$ YES, STRUGGLED ONCE
$\square$ YES, MORE THAN ONCE

Extra credit: At the end of the day, jot down how you felt throughout the day (energized, sleepy, etc.):
$\qquad$
$\qquad$

## Weekly Summary

Put an Y/NO next to each entry to get an overview of your sleep habits this week.


| I WENT TO BED AT | $\square$ YES |
| :--- | :--- |
| MYY IDEAL TIME | $\square$ NO |
| I WOKE UP AT MY |  |
| IDEAL TIME | $\square$ YES |
| IT WAS EASY FOR IME |  |
| TO FALL ASLEEP | $\square$ NO |
| I FELT RESTED AFTER | $\square$ YES |
| WAKING UP | $\square$ NO |
| MY SLEEP WAS PEACEFUL/ | $\square$ YES |
| UNINTERRUPTED | $\square$ NO |
| IFELT GOOD | $\square$ YES |
| THROUGHOUT THE DAY | $\square$ NO |

