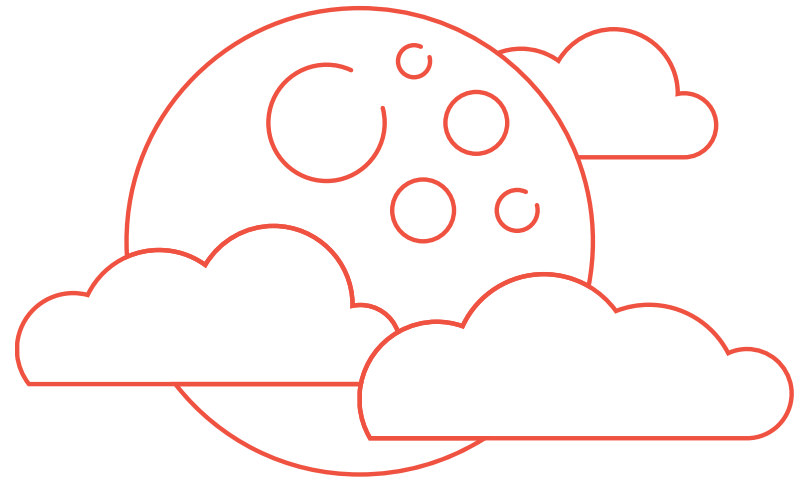


Sleep Journal



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

TOTAL NUMBER OF HOURS SLEPT _____

WHAT TIME DID YOU GO TO BED? _____ AM/PM

WHAT TIME DID YOU WAKE UP? _____ AM/PM

How did you fall asleep?

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

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

- 1 CUP
- 2 DRINKS
- MORE

How much alcohol?

- 1 DRINK
- 2 DRINKS
- MORE

How did you feel after waking up?

- REFRESHED
- JUST OK
- TIRED

Did you wake up and struggle to fall back asleep?

- NO, SLEPT THROUGH
- YES, STRUGGLED ONCE
- YES, MORE THAN ONCE

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



Day 2

TOTAL NUMBER OF HOURS SLEPT _____

WHAT TIME DID YOU GO TO BED? _____ AM/PM

WHAT TIME DID YOU WAKE UP? _____ AM/PM

How did you fall asleep?

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

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

- 1 CUP
- 2 DRINKS
- MORE

How much alcohol?

- 1 DRINK
- 2 DRINKS
- MORE

How did you feel after waking up?

- REFRESHED
- JUST OK
- TIRED

Did you wake up and struggle to fall back asleep?

- NO, SLEPT THROUGH
- YES, STRUGGLED ONCE
- YES, MORE THAN ONCE

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

Day 3

TOTAL NUMBER OF HOURS SLEPT _____

WHAT TIME DID YOU GO TO BED? _____ AM/PM

WHAT TIME DID YOU WAKE UP? _____ AM/PM

How did you fall asleep?

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

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

- 1 CUP
- 2 DRINKS
- MORE

How much alcohol?

- 1 DRINK
- 2 DRINKS
- MORE

How did you feel after waking up?

- REFRESHED
- JUST OK
- TIRED

Did you wake up and struggle to fall back asleep?

- NO, SLEPT THROUGH
- YES, STRUGGLED ONCE
- YES, MORE THAN ONCE

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



Day 4

TOTAL NUMBER OF HOURS SLEPT _____

WHAT TIME DID YOU GO TO BED? _____ AM/PM

WHAT TIME DID YOU WAKE UP? _____ AM/PM

How did you fall asleep?

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

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

- 1 CUP
- 2 DRINKS
- MORE

How much alcohol?

- 1 DRINK
- 2 DRINKS
- MORE

How did you feel after waking up?

- REFRESHED
- JUST OK
- TIRED

Did you wake up and struggle to fall back asleep?

- NO, SLEPT THROUGH
- YES, STRUGGLED ONCE
- YES, MORE THAN ONCE

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

Day 5

TOTAL NUMBER OF HOURS SLEPT _____

WHAT TIME DID YOU GO TO BED? _____ AM/PM

WHAT TIME DID YOU WAKE UP? _____ AM/PM

How did you fall asleep?

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

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

- 1 CUP
- 2 DRINKS
- MORE

How much alcohol?

- 1 DRINK
- 2 DRINKS
- MORE

How did you feel after waking up?

- REFRESHED
- JUST OK
- TIRED

Did you wake up and struggle to fall back asleep?

- NO, SLEPT THROUGH
- YES, STRUGGLED ONCE
- YES, MORE THAN ONCE

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



Day 6

TOTAL NUMBER OF HOURS SLEPT _____

WHAT TIME DID YOU GO TO BED? _____ AM/PM

WHAT TIME DID YOU WAKE UP? _____ AM/PM

How did you fall asleep?

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

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

- 1 CUP
- 2 DRINKS
- MORE

How much alcohol?

- 1 DRINK
- 2 DRINKS
- MORE

How did you feel after waking up?

- REFRESHED
- JUST OK
- TIRED

Did you wake up and struggle to fall back asleep?

- NO, SLEPT THROUGH
- YES, STRUGGLED ONCE
- YES, MORE THAN ONCE

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

Day 7

TOTAL NUMBER OF HOURS SLEPT _____

WHAT TIME DID YOU GO TO BED? _____ AM/PM

WHAT TIME DID YOU WAKE UP? _____ AM/PM

How did you fall asleep?

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

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

- 1 CUP
- 2 DRINKS
- MORE

How much alcohol?

- 1 DRINK
- 2 DRINKS
- MORE

How did you feel after waking up?

- REFRESHED
- JUST OK
- TIRED

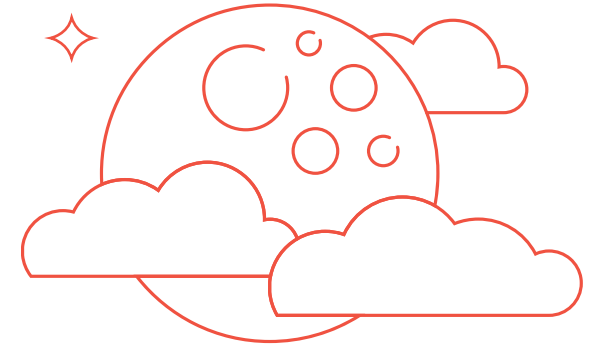
Did you wake up and struggle to fall back asleep?

- NO, SLEPT THROUGH
- YES, STRUGGLED ONCE
- YES, MORE THAN ONCE

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



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 MY IDEAL TIME

- YES
- NO

I WOKE UP AT MY IDEAL TIME

- YES
- NO

IT WAS EASY FOR ME TO FALL ASLEEP

- YES
- NO

I FELT RESTED AFTER WAKING UP

- YES
- NO

MY SLEEP WAS PEACEFUL/ UNINTERRUPTED

- YES
- NO

I FELT GOOD THROUGHOUT THE DAY

- YES
- NO

