

Circle week:

Sleep Diary Week 1/ Week 2

	Mon.	Tues.	Wed.	Thur.	Fri	Sat.	Sun.
What time did you go to bed?							
How long did it take to fall asleep?							
What time did you wake up this morning?							
How many times did you wake up during the night?							
How many hours of sleep did you get last night?							
Rate your sleep on a scale of 1-10 (10 is completely refreshed)							
Did you have a nap today? How long did you sleep?							
Did you have caffeine? (coffee or cola) How much?							
Did you have alcohol today? How much?							
Any unusual Stresses today?							
Rate how alert you are on a scale of 1-10 (10 is completely alert)							