

Sleep Diary

Date:							
Night:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
What time was lights out?							
What time did you get up this morning?							
How many hours did you sleep?							
Rate the quality of your sleep: 1 = Terrible 5= Great							
Did you nap yesterday?							
Did you avoid caffeine after 6 p.m.?							
Did you avoid alcohol after 6 p.m.?							
Did you use sleeping medication?							
Was the room cool, dark, quiet?							
Did you eat a balanced diet yesterday?							
How alert did you feel yesterday? 1 = sleepy 5 = fully alert and energetic							

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