

# Complete in the Morning

Date:

Day of the Week:

Bedtime	
Lights Off:	
Wake Up Time	
Did you have difficulty falling asleep?	
How often did you wake up?	
What, if anything, disturbed your sleep?	
When I woke up, I felt: (tired, refreshed, etc.)	
Notes	

# Complete in the Evening

Date:

Day of the Week:

Number of naps:	
What have you eaten in the last 3 hours?	
What stressors did you experience today?	
What time did you last have caffeine today (food or drink)	
What was your overall mood today? Any major events?	
How much did you exercise today?	
What medications did you take today?	
What did you do 30 minutes prior to bedtime?	

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