

Sleep Diary

Complete this diary each day. Use the shaded area just before going to bed, and the non-shaded area in the morning.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mood level during the day							
Fatigue level during the day 0–10 (10 = most)							
Number and duration of naps taken during							
Activity during day							
Amount of caffeine, nicotine, alcohol							
What did I do just before going to bed?							
What time did I go to bed?							
What did I do in bed?							
What time did I put the lights out?							
How many minutes before I fell asleep?							
What time did I wake up?							
Number of times I woke?							
Number of hours I slept?							
How rested do I feel each morning 0–10 (10							