

**Scott Sanders**

Personal Trainer / Massage  
Therapist / Nutritional Advisor

**Sleep Diary**

Name \_\_\_\_\_ Date \_\_\_\_\_

Answer in morning after waking for the day						
	At what time did you go to bed last night?	Approximately how long did it take you to fall asleep?	About how many times, if any, did you awaken during the night?	Overall, about how many hours did you sleep?	At what time did you wake up (for the last time) this morning?	In general, how did you feel when you woke up?
Day 1						<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued
Day 2						<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued
Day 3						<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued
Day 4						<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued
Day 5						<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued
Day 6						<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued
Day 7						<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued