

Name: _____ Date: _____



S L E E P DIARY LOG

Day: _____

Date: _____

DAY		NIGHT	
Did you nap?		What time did you turn off the lights to go to sleep?	
For how long?			
At what time?		What time did you wake up?	
Did you have any caffeine after 6pm?			
Did you drink alcohol after 6pm?		How many total hours did you sleep?	
Did you use nicotine after 6pm?			
Did you eat a heavy meal or snack after 6pm?		How many times did you wake up in the night?	
Did you take any sleeping medication			
What medication?		Rate the quality of your sleep (1-5)	
Amount			
At what time?			
Were you sleepy during the day?		Do you feel you got enough sleep?	
Did you exercise?			