

Name: _____ Date: _____



SLEEP DIARY

Today's date:							
Time I went to bed last night:							
Time I got out of bed this morning:							
Hours spent in bed last night:							
Number of awakenings and total time awake last night:							
How long I took to fall asleep last night:							
Medicines taken last night:							
How alert did I feel when I got up this morning? 1. Alert 2. Alert but a little tired 3. Sleepy							