

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



# SLEEP DIARY

Got into bed at:

Turned off the lights at:

Time it took to fall asleep:

How many times did you wake up throughout the night?

What disrupted your sleep?

How long it took to fall back asleep:

Woke up for good at:

Rate how you felt at wakeup (1 = worst, 10 = best):

Got out of bed at:

Rate your overall sleep quality (1 = worst, 10 = best):

Describe your bedtime routine: