



Sleep Diary

Name _____

Over the period of one week, answer the following questions in the morning. Please indicate if you feel this is a normal week for you.
Starting date: _____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
What time did you go to bed last night?							
How long did it take you to fall asleep?							
How many times did you wake up last night?							
What time did you wake up this morning?							
How many naps did you take yesterday?							
How long were the naps?							
How much of the following did you consume yesterday?							
Soda (caffeinated)							
Coffee							
Chocolate							
Alcohol							