SLEEP TRACKER

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Date:						
			0 1 1 11/1				
Complete When You First Wake Up							
What time did							
you first go to							
bed last night?							
How long did it							
take to fall							
asleep?							
How many times							
did you awaken							
during the							
night?							
What time did							
you wake up this							
morning?	_	_	_	_	_	_	_
How did you	☐ Awake						
feel when you	☐Somewhat Awake	☐Somewhat Awak					
woke up?	☐ Tired						
Complete At The End of Your Day							
Did you nap							
today? If so, for							
how long?							
Did exercise							
today for at least							
30 minutes?							
About 2 to 3							
hours before							
bed, what did							
you eat/drink?							
1 hour before							
bed, I: (List what							
you did, for							
example,							
watched TV,							
worked, read)							
On a scale of	☐ 5 –Energetic						
1 to 5, rate how	□ 4	□ 4	□ 4	□ 4	□ 4	□ 4	□ 4
you functioned	□ 3	□ 3	□ 3	□ 3	□ 3	□ 3	□ 3
during the day.	□ 2	□ 2	□ 2	□ 2	□ 2	□ 2	□ 2
auring the day.	☐ 1 – Exhausted	☐ 1 – Exhausted	☐ 1 — Exhausted	☐ 1 - Exhausted	☐ 1 − Exhausted	☐ 1 - Exhausted	☐ 1 − Exhausted