Sleep Journal

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Time to bed at night | Time awake in the morning | Duration and number  of times awakened during the night | Total Sleep Time | In the morning,  how did you feel? | Did you  remember any dreams? | What did you do  one hour before going to sleep? |
| Day Date\_\_\_\_\_\_\_\_ | pm  am | am | minutes  times | hours  minutes | tired  \_\_ refreshed | \_\_ yes  no |  |
| Day Date\_\_\_\_\_\_\_\_ | pm  am | am | minutes  times | hours  minutes | tired  \_\_ refreshed | \_\_ yes  no |  |
| Day Date\_\_\_\_\_\_\_\_ | pm  am | am | minutes  times | hours  minutes | tired  \_\_ refreshed | \_\_ yes  no |  |
| Day Date\_\_\_\_\_\_\_\_ | pm  am | am | minutes  times | hours  minutes | tired  \_\_ refreshed | \_\_ yes  no |  |
| Day Date\_\_\_\_\_\_\_\_ | pm  am | am | minutes  times | hours  minutes | tired  \_\_ refreshed | \_\_ yes  no |  |
| Day Date\_\_\_\_\_\_\_\_ | pm  am | am | minutes  times | hours  minutes | tired  \_\_ refreshed | \_\_ yes  no |  |
| Day Date\_\_\_\_\_\_\_\_ | pm  am | am | minutes  times | hours  minutes | tired  \_\_ refreshed | \_\_ yes  no |  |