Sleep Journal

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Time to bed at night | Time awake in the morning | Duration and numberof times awakened during the night | Total Sleep Time | In the morning,how did you feel? | Did youremember any dreams? | What did you doone 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 |  |