

Daytime Activities & Pre-Sleep Ritual (Complete each day/night before going to bed)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Exercise What did you do? When? Total time?							
Naps When? Where? How long?							
Alcohol & Caffeine Types, amount & when							
Feelings Happiness, sadness, stress, anxiety; major cause							
Food & Drink (Dinner/snacks) What and when?							
Medications/Sleep Aids Types, amount & when							
Bedtime Routine Meditation / Relaxation? How long?							
Bed time							

Sleeping & Getting Back to Sleep (Complete each morning)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Wake-up Time							
Time Spent in Bed Not Sleeping What did you do? (stay in bed, meditated)							
Sleep Breaks Did you get up during the night? If so, what did you do?							
Quality of Sleep							
Other Comments (anything you find yourself habitually doing or that's important)							
Total Sleep Hours							