

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
I napped from ___ to ___ o'clock.							
I exercised at least 20 minutes at ___ o'clock.							
I consumed caffeine (include coffee, tea, chocolate) at ___ o'clock.							
I took ___ mg of medication and/or ___ oz. of alcohol as a sleep aid.							
About 1 hour before going to sleep, I did the following activity: ___.							
I went to bed at ___ o'clock and							
turned the lights out at ___ o'clock.							
After turning the lights out, I fell asleep in ___ minutes.							
My sleep was interrupted ___ times.							
My sleep was interrupted for ___ minutes (specify duration of each awakening).							
My sleep was interrupted/disturbed by ___.							
I woke up at ___ o'clock.							
I got out of bed at ___ o'clock.							
I slept a total of ___ hours.							
When I got up this morning I felt ___ (use scale #1 below).							
Overall, my sleep last night was ___ (use scale #2 below).							
Miscellaneous							

Scale #1: 1=Exhausted 2=Tired 3=Average 4=Rather refreshed 5= Very refreshed

Scale #2: 1=Very restless 2=Restless 3=Average quality 4=Sound 5=Very sound