

## EVENING ENTRY

What time are you going to bed?: \_\_\_\_\_

Did you consume caffeine today? \_\_\_\_\_

    If so, when?: \_\_\_\_\_

Did you consume alcohol today? \_\_\_\_\_

    If so, when/how much?: \_\_\_\_\_

Did you exercise today? \_\_\_\_\_

    Type and time?: \_\_\_\_\_

Any naps today? \_\_\_\_\_

    If yes, when and how long?: \_\_\_\_\_

What did you eat/drink before bed?: \_\_\_\_\_

What relaxation technique(s) did you use tonight? (PMR, meditation, body scan, etc.): \_\_\_\_\_

How stressed or anxious do you feel? (1-10): \_\_\_\_\_

Mood at bedtime (brief description): \_\_\_\_\_

## MORNING ENTRY

What time did you fall asleep (estimate)?: \_\_\_\_\_

What time did you wake up?: \_\_\_\_\_

Total hours of sleep (estimate)?: \_\_\_\_\_

Did you wake during the night?: \_\_\_\_\_

    If so, how many times and for how long?: \_\_\_\_\_

Did you dream or remember dreams? (Yes/No): \_\_\_\_\_

How rested do you feel this morning? (1-10): \_\_\_\_\_

Mood upon waking (brief description): \_\_\_\_\_

Physical symptoms on waking (headache, tension, etc.): \_\_\_\_\_

Anything unusual last night (noise, pain, stress, etc.): \_\_\_\_\_

## WEEKLY SUMMARY

Which relaxation techniques helped the most this week?: \_\_\_\_\_

Were there any major stressors that disrupted sleep?: \_\_\_\_\_

Do you notice a pattern between behaviors (caffeine, screen time, exercise) and sleep quality?: \_\_\_\_\_

What changes will you try next week to improve your sleep?: \_\_\_\_\_