

EVENING ENTRY

What time are you going to bed?

:

PM/AM

Did you consume caffeine today?

☐

YES

☐

NO

If so, when/how much?

Did you consume alcohol today?

☐

YES

☐

NO

If so, when/how much?

Did you exercise today?

☐

YES

☐

NO

Type and Time:

Did you nap today?

☐

YES

☐

NO

If so, when/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

2

3

4

5

6

7

8

9

10

Mood at bedtime (brief description):

MORNING ENTRY

What time did you fall asleep?

:

PM/AM

Total hours of sleep (estimated):

What time did you wake up?

:

AM/PM

Did you wake during the night?

☐

YES

☐

NO

If so, how many times and for how long?

Did you dream or remember your dreams?

☐

YES

☐

NO

How rested do you feel this morning

1

2

3

4

5

6

7

8

9

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?

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?: