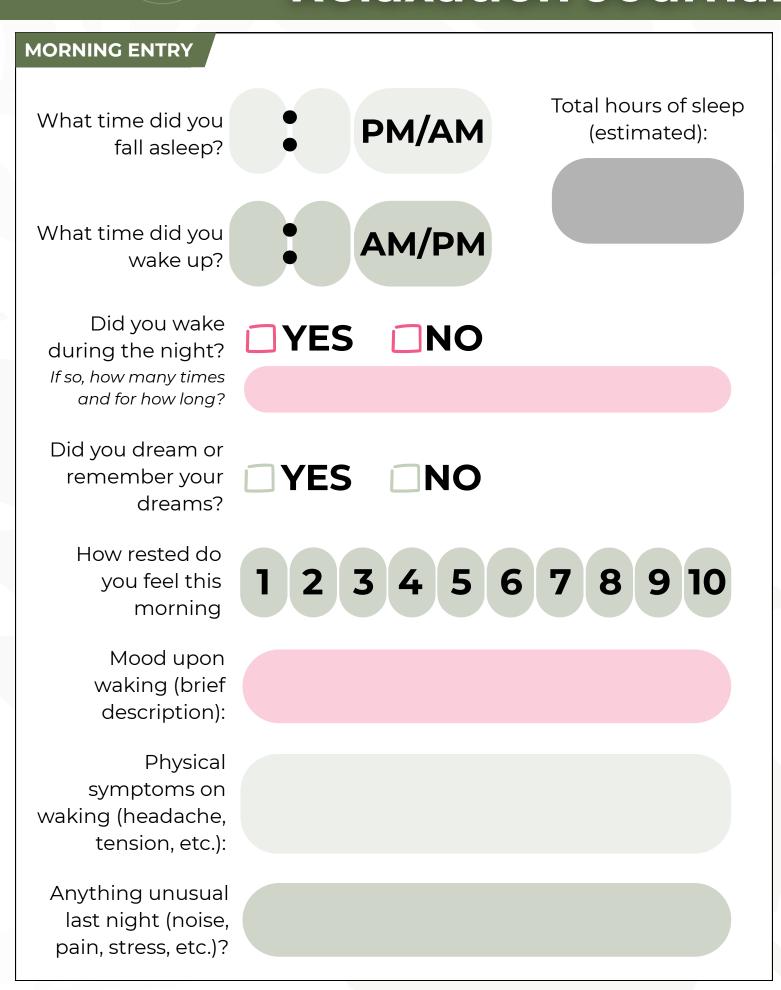


Sleep Hygiene and Relaxation Journal

EVENING ENTRY	
What time are you going to bed?	* PM/AM
Did you consume caffeine today? If so, when/how	□YES □NO
much? Did you consume alcohol today? If so, when/how much?	YES NO
Did you exercise today? Type and Time:	□YES □NO
Did you nap today? If so, when/how long?	YES NO
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):	



Sleep Hygiene and Relaxation Journal





Sleep Hygiene and Relaxation Journal

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?: