

# Fill Out Before Bed

Date \_\_\_\_\_

	Amount
Cups of Water	
Cups of Caffeinated Beverages	
Servings of Alcohol	
Nicotine	
Amount and Type of Exercise	
Minutes of Napping	

*What I Ate*

Daytime Energy ☆☆☆☆☆

Stress Levels (more stars = lower stress) ☆☆☆☆☆

Fill Out In Morning Time I got in bed \_\_\_\_\_ Approx. time I feel asleep \_\_\_\_\_

Time I woke up \_\_\_\_\_ Hours of Sleep \_\_\_\_\_

Sleep Quality ☆☆☆☆☆

## Sleep Routine

## Staying Asleep

# times woke up:

Reasons:

How long did it take to fall back asleep and what, if anything, helped?

## Falling Asleep

Did anything make it difficult to fall asleep? If so, what?

Did anything help me fall asleep? If so, what?

