

SLEEP DIARY: MORNING

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
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Day of the week:

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I went to bed at:

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I woke up at:

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Last night, I slept for _____ hours:

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Last night, it took me about _____ minutes to fall asleep:

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I felt that the quality of my sleep was: *(e.g. very good, good, bad, very bad)*

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This morning I feel: *(e.g. refreshed, tired, groggy, alert)*

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My sleep was made more difficult by: *(e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort)*

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During the night I woke up _____ times:

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SLEEP DIARY: NIGHT

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
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I took a nap:

yes / no	yes / no	yes / no	yes / no	yes / no	yes / no	yes / no
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I had caffeine:

___ #of drinks Morning Afternoon Evening	___ #of drinks Morning Afternoon Evening	___ #of drinks Morning Afternoon Evening	___ #of drinks Morning Afternoon Evening	___ #of drinks Morning Afternoon Evening	___ #of drinks Morning Afternoon Evening	___ #of drinks Morning Afternoon Evening
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I exercised for _____ minutes:

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Medications or drugs I used today:

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Throughout the day, I felt drowsy:

Never Sometimes Very Often	Never Sometimes Very Often	Never Sometimes Very Often	Never Sometimes Very Often	Never Sometimes Very Often	Never Sometimes Very Often	Never Sometimes Very Often
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Overall, my mood today was: (e.g. positive, negative, neutral)

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In the hour before bed, my activities included:

(e.g. reading, computer, TV, showering, phone, eating, spending time with partner)

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