

COMPLETE IN THE MORNING

What time did you go to bed?	11:00 PM							
How long did it take to fall asleep?	45 minutes							
What time did you wake up this morning?	6:00 AM							
How many times did you wake up during the night?	Twice							
How many hours of sleep did you get last night?	6 1/2							
Rate your sleep on a scale of 1 – 10 (10 is completely refreshed)	6							

COMPLETE IN THE EVENING

Did you have a nap today? How long did you sleep?	Yes, 60 minutes							
Did you have caffeine (coffee or cola)? How much?	Yes, two cups of coffee							
Did you have alcohol today? How much?	One beer with dinner							
Any unusual stresses today?	Yes, car broke down on the way to work							
Rate how alert you are on a scale of 1 – 10 (10 is completely alert)	4							

SLEEP DIARY

WEEK 1

COMPLETE IN THE MORNING

What time did you go to bed?	11:00 PM							
How long did it take to fall asleep?	45 minutes							
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How many times did you wake up during the night?	Twice							
How many hours of sleep did you get last night?	6 1/2							
Rate your sleep on a scale of 1 – 10 (10 is completely refreshed)	6							

COMPLETE IN THE EVENING

Did you have a nap today? How long did you sleep?	Yes, 60 minutes							
Did you have caffeine (coffee or cola)? How much?	Yes, two cups of coffee							
Did you have alcohol today? How much?	One beer with dinner							
Any unusual stresses today?	Yes, car broke down on the way to work							
Rate how alert you are on a scale of 1 – 10 (10 is completely alert)	4							

SLEEP DIARY

WEEK 2