

# Sleep Diary – Part 1

(should be filled out before you go to sleep each day.)

|              | I drank caffeinated drinks in the:   | I exercised for at least 20 in the:  | 2-3 hours before bed, I consumed:   | Medication(s) I took during the day: | 1 hr before going to sleep, I did the following activities: |
|--------------|--|--|---|--------------------------------------|---|
| <b>DAY 1</b> | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Alcohol<br><input type="checkbox"/> A heavy meal<br><input type="checkbox"/> Nothing |                                      |   |
| <b>DAY 2</b> | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Alcohol<br><input type="checkbox"/> A heavy meal<br><input type="checkbox"/> Nothing |                                      |   |
| <b>DAY 3</b> | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Alcohol<br><input type="checkbox"/> A heavy meal<br><input type="checkbox"/> Nothing |                                      |   |
| <b>DAY 4</b> | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Alcohol<br><input type="checkbox"/> A heavy meal<br><input type="checkbox"/> Nothing |                                      |   |
| <b>DAY 5</b> | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Alcohol<br><input type="checkbox"/> A heavy meal<br><input type="checkbox"/> Nothing |                                      |   |
| <b>DAY 6</b> | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Alcohol<br><input type="checkbox"/> A heavy meal<br><input type="checkbox"/> Nothing |                                      |   |
| <b>DAY 7</b> | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> 2-3 hrs before bed<br><input type="checkbox"/> Not at all | <input type="checkbox"/> Alcohol<br><input type="checkbox"/> A heavy meal<br><input type="checkbox"/> Nothing |                                      |   |