

SLEEP DIARY

Answer these questions in the evening just before you go to bed

	Did have a nap today? How long?	Medications? Coffee? Tea? Chocolate? Supplements? Herbs?	Any exercise? How long and what time?	Note any significant events today	How did you feel today? (tired, confused, lethargic, anxious, etc)	Rate your energy levels during the day
Sunday Date:						<input type="checkbox"/> Very energetic <input type="checkbox"/> Quite energetic <input type="checkbox"/> A little energetic <input type="checkbox"/> Tired <input type="checkbox"/> Lethargic
Monday Date:						<input type="checkbox"/> Very energetic <input type="checkbox"/> Quite energetic <input type="checkbox"/> A little energetic <input type="checkbox"/> Tired <input type="checkbox"/> Lethargic
Tuesday Date:						<input type="checkbox"/> Very energetic <input type="checkbox"/> Quite energetic <input type="checkbox"/> A little energetic <input type="checkbox"/> Tired <input type="checkbox"/> Lethargic
Wednesday Date:						<input type="checkbox"/> Very energetic <input type="checkbox"/> Quite energetic <input type="checkbox"/> A little energetic <input type="checkbox"/> Tired <input type="checkbox"/> Lethargic
Thursday Date:						<input type="checkbox"/> Very energetic <input type="checkbox"/> Quite energetic <input type="checkbox"/> A little energetic <input type="checkbox"/> Tired <input type="checkbox"/> Lethargic
Friday Date:						<input type="checkbox"/> Very energetic <input type="checkbox"/> Quite energetic <input type="checkbox"/> A little energetic <input type="checkbox"/> Tired <input type="checkbox"/> Lethargic
Saturday Date:						<input type="checkbox"/> Very energetic <input type="checkbox"/> Quite energetic <input type="checkbox"/> A little energetic <input type="checkbox"/> Tired <input type="checkbox"/> Lethargic

SLEEP DIARY

Answer these questions in the morning after you wake up (next day)

	What time did you go to bed?	How long did it take to fall asleep?	Did you wake up during the night? How many times? How long?	How many hours did you sleep?	How long did you spend in the bed?	What time did you wake up and get up out of bed?	How did you feel when you woke up? Rate your sleep.
Monday Date:							<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> A little refreshed <input type="checkbox"/> Fatigued or tired <input type="checkbox"/> Totally exhausted
Tuesday Date:							<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> A little refreshed <input type="checkbox"/> Fatigued or tired <input type="checkbox"/> Totally exhausted
Wednesday Date:							<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> A little refreshed <input type="checkbox"/> Fatigued or tired <input type="checkbox"/> Totally exhausted
Thursday Date:							<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> A little refreshed <input type="checkbox"/> Fatigued or tired <input type="checkbox"/> Totally exhausted
Friday Date:							<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> A little refreshed <input type="checkbox"/> Fatigued or tired <input type="checkbox"/> Totally exhausted
Saturday Date:							<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> A little refreshed <input type="checkbox"/> Fatigued or tired <input type="checkbox"/> Totally exhausted
Sunday Date:							<input type="checkbox"/> Very refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> A little refreshed <input type="checkbox"/> Fatigued or tired <input type="checkbox"/> Totally exhausted