

Sleep Diary – Part 1, Week 2

(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:
DAY 1	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Alcohol <input type="checkbox"/> A heavy meal <input type="checkbox"/> Nothing		
DAY 2	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Alcohol <input type="checkbox"/> A heavy meal <input type="checkbox"/> Nothing		
DAY 3	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Alcohol <input type="checkbox"/> A heavy meal <input type="checkbox"/> Nothing		
DAY 4	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Alcohol <input type="checkbox"/> A heavy meal <input type="checkbox"/> Nothing		
DAY 5	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Alcohol <input type="checkbox"/> A heavy meal <input type="checkbox"/> Nothing		
DAY 6	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Alcohol <input type="checkbox"/> A heavy meal <input type="checkbox"/> Nothing		
DAY 7	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> 2-3 hrs before bed <input type="checkbox"/> Not at all	<input type="checkbox"/> Alcohol <input type="checkbox"/> A heavy meal <input type="checkbox"/> Nothing		