

MY SLEEP JOURNAL

(If you are having trouble sleeping, make 30 copies of this page and keep this journal faithfully for a month)

Day/Date _____

(Answer the following questions in the morning.)

Last night, my bedtime ritual included: _____

(List things like a warm bath, meditation, reading, etc.)

Last night I went to bed at: _____ pm/am

Last night I fell asleep in: _____ minutes

Last night, I woke up: _____ times

During those times, I was awake for: _____ minutes

Last night, I got out of bed: _____ times

Things that disturbed my sleep: _____

(List any physical, mental, emotional, or environmental factors that affected your sleep.)

I slept for a total of: _____ minutes

I got out of bed this morning at: _____ am/pm

Upon waking, I felt: refreshed groggy exhausted

(Answer the following questions at night.)

During the day, I fell asleep or napped: _____ times

During my naps, I slept for: _____ minutes

During the day, I felt: refreshed groggy exhausted

My caffeine consumption: _____ amount _____ time of day

Medications or sleep aids I took: _____