Scott Sanders

Personal Trainer / Massage Therapist / Nutritional Advisor

Sleep Diary

Name .... **Date** ....

Answer in morning after waking for the day						
	At what time did you go to bed last night?	Approximately how long did it take you to fall asleep?	About how many times, if any, did you awaken during the night?	Overall, about how many hours did you sleep?	At what time did you wake up (for the last time) this morning?	In general, how did you feel when you woke up?
Day 1						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
Day 2						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
Day 3						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
Day 4						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
Day 5						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
Day 6						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
Day 7						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued

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Answer in morning after waking for the day				
	At what time did you go to bed last night?	About how many times, if any, did you awaken during the night?		In general, how did you feel when you woke up?
Day 1				☐ 5 - Energetic
		☐	Caffeine (within 6 hours of bedtime)	☐ 4
		☐	Alcohol (within 1 hour of bedtime)	☐ 3
		☐	Medication (type:)	☐ 2
				☐ 1 - Lethargic
Day 2				☐ 5 - Energetic
		☐	Caffeine (within 6 hours of bedtime)	☐ 4
		☐	Alcohol (within 1 hour of bedtime)	☐ 3
		☐	Medication (type:)	☐ 2
				☐ 1 - Lethargic
Day 3				☐ 5 - Energetic
		☐	Caffeine (within 6 hours of bedtime)	☐ 4
		☐	Alcohol (within 1 hour of bedtime)	☐ 3
		☐	Medication (type:)	☐ 2
				☐ 1 - Lethargic
Day 4				☐ 5 - Energetic
		☐	Caffeine (within 6 hours of bedtime)	☐ 4
		☐	Alcohol (within 1 hour of bedtime)	☐ 3
		☐	Medication (type:)	☐ 2
				☐ 1 - Lethargic
Day 5				☐ 5 - Energetic
		☐	Caffeine (within 6 hours of bedtime)	☐ 4
		☐	Alcohol (within 1 hour of bedtime)	☐ 3
		☐	Medication (type:)	☐ 2
				☐ 1 - Lethargic

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