

Sleep Journal

Date	Times went to bed and work up	How many times awoken during night and for how long?	Total Sleep Time	How did you feel in the morning?	Medications Taking	How have you been feeling?	What did you do one hour before going to sleep?	Did you remember any dreams?
Day _____ Date _____	To ___ A/PM Up ___ A/PM	Times _____ Minutes _____	Hours _____ Minutes _____	Rested _____ Tired _____ Hungover _____		Good _____ Depressed ___ Manic _____ Anxious _____		Yes _____ No _____
Day _____ Date _____	To ___ A/PM Up ___ A/PM	Times _____ Minutes _____	Hours _____ Minutes _____	Rested _____ Tired _____ Hungover _____		Good _____ Depressed ___ Manic _____ Anxious _____		Yes _____ No _____
Day _____ Date _____	To ___ A/PM Up ___ A/PM	Times _____ Minutes _____	Hours _____ Minutes _____	Rested _____ Tired _____ Hungover _____		Good _____ Depressed ___ Manic _____ Anxious _____		Yes _____ No _____
Day _____ Date _____	To ___ A/PM Up ___ A/PM	Times _____ Minutes _____	Hours _____ Minutes _____	Rested _____ Tired _____ Hungover _____		Good _____ Depressed ___ Manic _____ Anxious _____		Yes _____ No _____
Day _____ Date _____	To ___ A/PM Up ___ A/PM	Times _____ Minutes _____	Hours _____ Minutes _____	Rested _____ Tired _____ Hungover _____		Good _____ Depressed ___ Manic _____ Anxious _____		Yes _____ No _____
Day _____ Date _____	To ___ A/PM Up ___ A/PM	Times _____ Minutes _____	Hours _____ Minutes _____	Rested _____ Tired _____ Hungover _____		Good _____ Depressed ___ Manic _____ Anxious _____		Yes _____ No _____
Day _____ Date _____	To ___ A/PM Up ___ A/PM	Times _____ Minutes _____	Hours _____ Minutes _____	Rested _____ Tired _____ Hungover _____		Good _____ Depressed ___ Manic _____ Anxious _____		Yes _____ No _____

1. Do you drink caffeine daily, weekly, monthly? Y or N; How much on average _____; How many times per times stated time period _____
What time was you last drink? _____
2. Do you drink alcohol? Y or N; How much on average _____; How many times per time stated time period _____
What time was your last drink? _____
3. Do you smoke tobacco? Y or N; How much on average _____; How many times per times stated time period _____
What time was your last cigarette or cigar? _____