



Sleep Diary

Date: Mon Tue Wed Thu Fri Sat Sun

Gone to bed: Approx. time to fall asleep:

Woke up this morning at: with alarm without alarm

Total sleep duration: How I feel after waking up:

Woke up during the night: No Yes, when and for how long awake?



My dinner – this is what I ate and drank after 6 pm:

..... Time:
..... Time:

Alcohol consumption: No If yes, how much:

Caffeine intake: No If yes, when:

My evening routine – what I did:

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Thoughts I had while in bed in the evening or during the night:

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