



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions: Fill out this log for 1 week. Then, look at the day or days when you didn't get enough sleep or felt tired during the day. What could you do to get a better night's rest every night?

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Yesterday, I exercised for this many minutes:							
Yesterday, I: (check all that apply) Ate too much Didn't eat enough Drank caffeinated soda	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Yesterday, I: (check one) Had lots of energy Was tired all day Felt sleepy in the afternoon	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Yesterday, I took a nap. (check one) True False	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Last night, I went to bed at this time:							
Last night, I fell asleep at this time:							
Today, I woke up at this time:							
Last night, I slept for this many hours:							

