Sleep Diary

Name: _____ **Week:** _____

Each morning, fill out your sleep diary and rate whether your sleep was great /ok /bad

	MON	TUE	WED	THU	FRI	SAT	SUN
Last night I went to bed at...							
This morning I woke up at...							
It took about ... minutes to fall asleep.							
Total amount of sleep was...							
My sleep was: great / ok / bad							