

## Sleep Diary

<b>Name</b>							
<b>Date</b>							
<b>Bedtime</b>							
<b>Rise time</b>							
<b>Activities before bedtime</b>							
<b>How long to fall asleep</b>							
<b>Number of awakenings &amp; reason</b>							
<b>How long to fall back asleep</b>							
<b>Did you feel refreshed in AM?</b>							
<b>Did you nap Y/N</b>							
<b>How long?</b>							
<b>Stress level (1-10)</b>							
<b>Pain level (1-10)</b>							
<b>Exercise Y/N</b>							
<b>and time</b>							
<b>caffeine Y/N</b>							
<b>How much?Time?</b>							
<b>Sleeping meds Y/N</b>							
<b>What type?</b>							