# SLEEP TRACKER

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Date:</td>
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<td>Date:</td>
<td>Date:</td>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

## Complete When You First Wake Up

- What time did you first go to bed last night?
- How long did it take to fall asleep?
- How many times did you awaken during the night?
- What time did you wake up this morning?

Choose one:

- Awake
- Somewhat Awake
- Tired

## Complete At The End of Your Day

- Did you nap today? If so, for how long?
- Did exercise today for at least 30 minutes?
- About 2 to 3 hours before bed, what did you eat/drink?
- 1 hour before bed, I: (List what you did, for example, watched TV, worked, read)

Choose one on a scale of 1 to 5:

- 5 – Energetic
- 4
- 3
- 2
- 1 – Exhausted

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- 4
- 3
- 2
- 1 – Exhausted

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- 4
- 3
- 2
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