Complete in the morning			
Start Date: Date of Week:	**Day 1**	**Day 2**	**Day 3**
What time did you get into bed?	PM AM	PM AM	PM AM
What time did you try and go to sleep?	PM AM	PM AM	PM AM
How long did it take you to fall into sleep?	PM AM	PM AM	PM AM
What time did you wake up this morning?	PM AM	PM AM	PM AM
How many times did you wake up during the night?			
No. of times:			
No. of minutes:			
Last night I slept a total of:	HRS, MINS	HRS, MINS	HRS, MINS
How would you rate your sleep quality?			
Very Poor Poor Fair Good Very Good	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○
Was your sleep disturbed by any factors? (e.g., allergies, noise, pets, discomfort/pain, etc.)			
Any other comments about your sleep worth noting			

Complete in the morning				
Start Date: Date of Week:	**Day 4**	**Day 5**	**Day 6**	**Day 7**
What time did you get into bed?	PM AM	PM AM	PM AM	PM AM
What time did you try and go to sleep?	PM AM	PM AM	PM AM	PM AM
How long did it take you to fall into sleep?	PM AM	PM AM	PM AM	PM AM
What time did you wake up this morning?	PM AM	PM AM	PM AM	PM AM
How many times did you wake up during the night?				
No. of times:				
No. of minutes:				
Last night I slept a total of:	HRS, MINS	HRS, MINS	HRS, MINS	HRS, MINS
How would you rate your sleep quality?				
Very Poor Poor Fair Good Very Good	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○
Was your sleep disturbed by any factors? (e.g., allergies, noise, pets, discomfort/pain, etc.)				
Any other comments about your sleep worth noting				

Complete in the evening			
Date of Week:	**Day 1**	**Day 2**	**Day 3**
I consumed caffeinated drinks in the: (M)orning, (A)fternoon, (E)vening, (N/A)			
M/A/E/NA	PM AM	PM AM	PM AM
How many?	PM AM	PM AM	PM AM
How much exercise did you get today?			
No. of times:			
No. of minutes:			
Time of day (morning, afternoon, evening, night)			
Did you take a nap? (Circle one)	Yes No	Yes No	Yes No
If yes, for how long			
List all the medication you took today			
Approximately 2-3 hours before bed, I consumed			
Alcohol A heavy meal Caffeine Not applicable			
In the hour before going to sleep, my bedtime routine included: (List activities including reading a book, using electronics, taking a bath, doing relaxation exercises, etc.)			

Complete in the evening				
Date of Week:	**Day 4**	**Day 5**	**Day 6**	**Day 7**
I consumed caffeinated drinks in the: (M)orning, (A)fternoon, (E)vening, (N/A)				
M/A/E/NA	PM AM	PM AM	PM AM	PM AM
How many?	PM AM	PM AM	PM AM	PM AM
How much exercise did you get today?				
No. of times:				
No. of minutes:				
Time of day (morning, afternoon, evening, night)				
Did you take a nap? (Circle one)	Yes No	Yes No	Yes No	Yes No
If yes, for how long				
List all the medication you took today				
Approximately 2-3 hours before bed, I consumed				
Alcohol A heavy meal Caffeine Not applicable				
In the hour before going to sleep, my bedtime routine included: (List activities including reading a book, using electronics, taking a bath, doing relaxation exercises, etc.)				