Morning Sleep Diary

	Day 1: **Sun**	Day 2: **Mon**	Day 3: **Tues**	Day 4: **Wed**	Day 5: **Thur**	Day 6: **Fri**	Day 7: **Sat**
Day of the week:							
What time did you get *into* bed?	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
What time did you *try* to go to sleep?	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
What time did you *wake* up this morning/evening?	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
Did you wake up during the night?	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯
If you, did you get up?	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯
Total Sleep Time?	HR: Min:	HR: Min:	HR: Min:	HR: Min:	HR: Min:	HR: Min:	HR: Min:
What would you rate your quality? — Very Good	◯	◯	◯	◯	◯	◯	◯
Good	◯	◯	◯	◯	◯	◯	◯
Fair	◯	◯	◯	◯	◯	◯	◯
Poor	◯	◯	◯	◯	◯	◯	◯
Very Poor	◯	◯	◯	◯	◯	◯	◯
Did you check your phone right away?	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯

Name: _____

Start Date: _____

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Evening Sleep Diary

Day of the week:	Day 1: **Sun**	Day 2: **Mon**	Day 3: **Tues**	Day 4: **Wed**	Day 5: **Thur**	Day 6: **Fri**	Day 7: **Sat**
I consumed *Caffeine* in the: *Morning* 5 am to 10 am (AM), *Afternoon* 10 am to 2 pm (PM), *Early-Evening* 2 pm to 6 pm (EE), *Nighttime* 6 pm to 10 pm (NT), Not applicable (NA)							
AM, PM, EE, NT, NA							
If so, how many cups (8oz)?							
Did you exercise for at least 30 minutes today?	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯
Time of day for the workout? AM, PM, EE, NT, NA							
Did you consume Alcohol?	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯	Yes:◯ No:◯
2-4 hours before bed, did you consume any of the following?							
Caffeine Alcohol Dairy Meal Water	◯ ◯ ◯ ◯ ◯	◯ ◯ ◯ ◯ ◯	◯ ◯ ◯ ◯ ◯	◯ ◯ ◯ ◯ ◯	◯ ◯ ◯ ◯ ◯	◯ ◯ ◯ ◯ ◯	◯ ◯ ◯ ◯ ◯
What I did before going to sleep? (ex. shower, movie, reading a physical book, using phone or computer, talking to friend or family)							