

|  | What time did I go to bed? | What time did I wake up? | Did I have trouble falling asleep? (Yes or No) | Did I awaken during the night? How many times? | What woke me up? | What was I doing in the last 2 hours before going to bed? | How tired did I feel out of 5? ( $0=$ not tired, 5=could not keep eyes open) | Was there anything that I was worried or stressed about? |
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| Monday |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |  |

