Track Your Sleep for Better Rest

Fill out each evening							
TODAY'S DATE:							
Number of caffeinated drinks and times I had them:							
Number of alcoholic drinks and times I had them:							
Naptimes and lengths:							
Exercise times and lengths:							
Level of sleepiness during the day (see key below):							
Notes from the week:							

1 — So sleepy that I had difficulty staying awake during much of the day
2 — Somewhat tired
3 — Fairly alert
4 — Alert

Fill out each morning							
TODAY'S DATE:							
Time I went to bed last night:							
Time I got out of bed this morning:							
Hours spent in bed last night:							
Number of awakenings and total time awake last night:							
How long I took to fall asleep last night:							
Level of alertness when I got up this morning (see key below):							
Notes from the week:							

1 — Sleepy
2 — Alert but a little tired
3 — Alert

Source: National Heart, Lungs, and Blood Institute