

# My Personal Sleeping Journal



		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Date</b>								
<b>In the Evening/ During The Night</b>	When did I got to bed?							
	How long did it take for me to fall asleep?							
	Did I drink caffeine or alcohol? Did I take any medication?							
	Did I work in the evening? Did I watch TV/have a lot of screen time? Did I have to deal with something unpleasant or stressfull?							
	Did I take a nap during the day? If so, how long was it?							
<b>In The Morning/ During The Day</b>	How often did I wake up during the night?							
	How long did I sleep in total?							
	What time did I wake up in the morning?							
	Did I feel refreshed after my night's sleep?							
	What could have affected my sleep positively or negatively?							
	How was my mood? (from 1= happy to 5=unhappy)							
	How was my productivity? (from 1= energetic to 5= un-motivated)							