

Sleep Diary ^{zzz}Z



DAY OF THE WEEK							
DATE							
1	What time did I get into bed?						
2	When did I try to fall asleep?						
3	When did I actually fall asleep?						
4	How many times did I wake up?						
5	How long did it take me to go back to sleep?						
6	When did my alarm go off?						
7	When did I get out of bed?						
8	Rate quality of sleep (1-10)						



Set Bed Time: _____
Set Rise Time: _____



Average sleep duration: _____



Average sleep quality: _____