

Name: _____

DOB: _____

Start Date: _____

		PM				Midnight				AM				Noon				PM		When awake for the day I felt: (check one)									
Day	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	Refreshed	Drowsy	Day	
Sun																												Sun	
Mon																													Mon
Tue																													Tue
Wed																													Wed
Thu																													Thu
Fri																													Fri
Sat																													Sat
Sun																													Sun
Mon																													Mon
Tue																													Tue
Wed																													Wed
Thu																													Thu
Fri																													Fri
Sat																													Sat
Day	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	Refreshed	Drowsy	Day	
Sun																													Sun
Mon																													Mon
Tue																													Tue
Wed																													Wed
Thu																													Thu
Fri																													Fri
Sat																													Sat
Sun																													Sun
Mon																													Mon
Tue																													Tue
Wed																													Wed
Thu																													Thu
Fri																													Fri
Sat																													Sat
Day	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	Refreshed	Drowsy	Day	
		PM				Midnight				AM				Noon				PM											

LEGEND: ↓ = in bed; X = Sleep; ↑ = out of bed

Example:

	↓			X	X	X	↑	
--	---	--	--	---	---	---	---	--

* Use Dark Ink, indicate overnight sleep, daytime sleep, and naps.
 ** Indicate menstrual cycle by circling the day(s) in the Day column.



Name:

Two Week Log	I consumed stimulants/caffeine at the following times: (Coffee, Tea, Chocolate, Medication, Herbal Supplement, other)	I exercised for at least 20 minutes at the following time(s) today: (Walking, Yoga, Aerobics, other)	I consumed the following within 3 hours before bed time: (Alcohol, Cigarette(s), Heavy Meal)	Within 1 hour of bed time, I did the following activity: (Ex: TV, Exercise, Reading, Eat, Worried, etc.)
DAY 1	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 2	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 3	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 4	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 5	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 6	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 7	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 8	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 9	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 10	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 11	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 12	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 13	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		
DAY 14	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Not applicable		