

# Wellness Workshop SF

Daily Sleep Diary – Please complete the diary each morning for seven days

Name \_\_\_\_\_

Date of Day 1 \_\_\_\_\_

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
What time did you go to bed last night?							
How long did it take you to fall asleep?							
How many times did you wake up throughout the night?							
How long were you awake last night unable to sleep?							
What time did you get out of bed in the morning?							
Please rate the quality of your sleep last night (scale: 1 -10)							
Please rate your mood today (scale: 1-10)							
How is your energy level today?							
What time of day is your energy highest?							
What time of day is your energy lowest?							
Minutes of exercise today?							
Minutes of time spent in sun today?							
Number caffeinated drinks today with time of last drink?							
Number of alcoholic drinks today with time of last drink?							
What time did you have dinner today?							

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Please write a short paragraph about your sleep the night before and how it has made you feel when awake.

Day 1	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	