



 *My Sleep Diary, continued*

Part 2: Fill this out before bed. 	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
If you exercised today, what time did you do it?							
What time today did you last have a drink with caffeine? (Coffee, tea, soda, etc.)							
What time today did you last have an alcoholic drink?							
What time today did you last eat?							
What medicines did you take today? What time did you take them?							
If you napped today, how long did you sleep?							
What did you do an hour before bed tonight?							
Was there anything else that happened today that might affect your sleep? If so, what?							