



Name _____	month _____
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Bedtime was at ...
I fell asleep after ...
I woke up during the night ...
I slept for ...
When I woke, I felt ...
I napped ...
I drank ...
I exercised at ...
I felt ...

Sleep Habits Monitor

Date	Last Night				Morning	Yesterday			Today	Rx	Events and Notes	
	time	minutes	# times	hours	1 exhausted 2 tired 3 okay 4 refreshed 5 great	# naps	caffeine	alcohol	time	1 lethargic 2 tired 3 okay 4 good 5 great		taken?
1	AM PM								AM PM			
2	AM PM								AM PM			
3	AM PM								AM PM			
4	AM PM								AM PM			
5	AM PM								AM PM			
6	AM PM								AM PM			
7	AM PM								AM PM			
8	AM PM								AM PM			
9	AM PM								AM PM			
10	AM PM								AM PM			
11	AM PM								AM PM			
12	AM PM								AM PM			
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26	AM PM								AM PM			
27	AM PM								AM PM			
28	AM PM								AM PM			
29	AM PM								AM PM			
30	AM PM								AM PM			
31	AM PM								AM PM			