



# Sleep Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
 <b>Complete in the MORNING</b>							
I went to bed last night at (time)							
I got up this morning at (time)							
I slept for a total of (hours)							
I woke up during the night (# times)							
 <b>Complete in the EVENING</b>							
Number of caffeinated drinks today							
Time of last caffeinated drink							
Exercise completed today (minutes)							
What I did in the hour before I fell asleep							
Mood today? (0 = awful, 10 = great)							

Connect to compassionate care today.  
 Call 907-729-2942 or visit [www.anthc.org/BHWC](http://www.anthc.org/BHWC) to schedule a counseling appointment