

	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /
The time I fell asleep (approximately - do not look at the clock while trying to go to sleep)							
Approximate number of times I woke up during the night							
The time I got up							
Approximately how many hours of sleep I got last night							
The quality of my sleep last night, on a scale of 1-5 (where 5 is the best)							
Number of cups of coffee, tea and soft drinks/energy drinks I had the day before							
The time I drank the last serve of the drinks above							
Number of serves of alcohol I had the day before							
The time I drank the last serve of alcohol							
Number of cigarettes and other units of tobacco							
The time of my last cigarette and other units of tobacco							
How stressed I was the night before, on a scale of 1 to 5 (where 5 is the most stressed)							