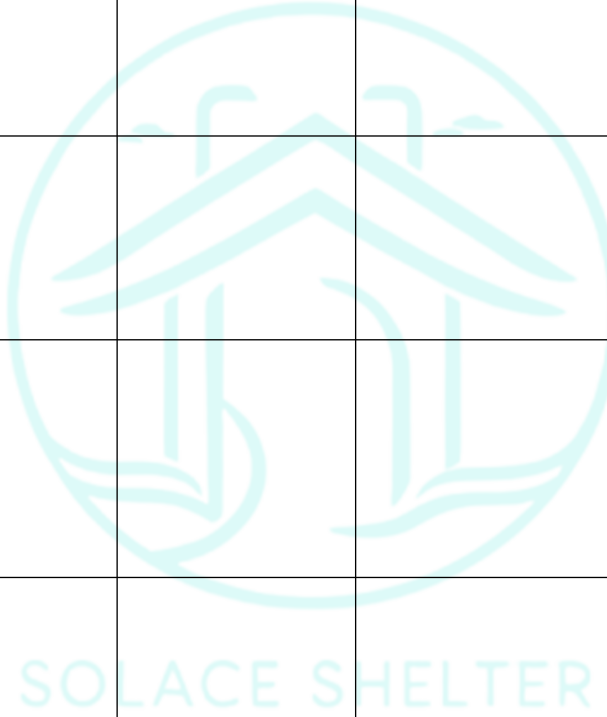


**SLEEP DARY**

Day / Date	I went to bed last night at:	I got out of bed this morning at:	Last night, I fell asleep in:	I woke up during the night: (Record the number of times)	When I woke up for the day, I felt	Last night I slept a total of:	My sleep was disturbed by:




**Monday**

1. I consumed caffeinated drinks in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable
2. I exercised at least 20 minutes in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable
3. Approximately 2-3 hours before going to bed, I consumed:  Alcohol  A heavy meal  Not Applicable
4. Medication I took during the day:  
.....
5. About 1 hour before going to sleep, I did the following activity:  
.....

**Tuesday**

1. I consumed caffeinated drinks in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable
2. I exercised at least 20 minutes in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable

3. Approximately 2-3 hours before going to bed, I consumed:  Alcohol  A heavy meal  Not Applicable

4. Medication I took during the day:

5. About 1 hour before going to sleep, I did the following activity:

**Wednesday**

1. I consumed caffeinated drinks in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable

2. I exercised at least 20 minutes in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable

3. Approximately 2-3 hours before going to bed, I consumed:  Alcohol  A heavy meal  Not Applicable

4. Medication I took during the day:

5. About 1 hour before going to sleep, I did the following activity:

**Thursday**

1. I consumed caffeinated drinks in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable

2. I exercised at least 20 minutes in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable

3. Approximately 2-3 hours before going to bed, I consumed:  Alcohol  A heavy meal  Not Applicable

4. Medication I took during the day:

5. About 1 hour before going to sleep, I did the following activity:

**Friday**

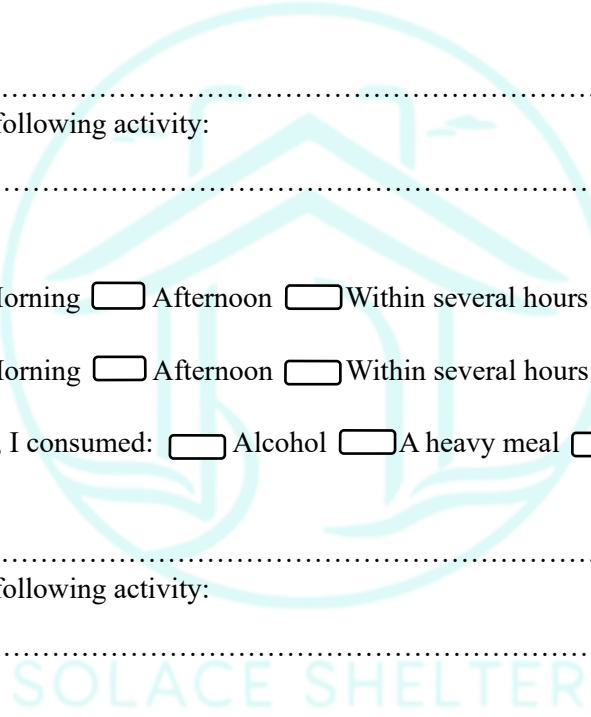
1. I consumed caffeinated drinks in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable
2. I exercised at least 20 minutes in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable
3. Approximately 2-3 hours before going to bed, I consumed:  Alcohol  A heavy meal  Not Applicable
4. Medication I took during the day:  
.....
5. About 1 hour before going to sleep, I did the following activity:  
.....

**Saturday**

1. I consumed caffeinated drinks in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable
2. I exercised at least 20 minutes in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable
3. Approximately 2-3 hours before going to bed, I consumed:  Alcohol  A heavy meal  Not Applicable
4. Medication I took during the day:  
.....
5. About 1 hour before going to sleep, I did the following activity:  
.....

**Sunday**

1. I consumed caffeinated drinks in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable
2. I exercised at least 20 minutes in the:  Morning  Afternoon  Within several hours before going to bed  Not Applicable
3. Approximately 2-3 hours before going to bed, I consumed:  Alcohol  A heavy meal  Not Applicable



4. Medication I took during the day:

.....

5. About 1 hour before going to sleep, I did the following activity:

.....

**\*For learning more about sleep disturbance and strategies to help client mail us for a workshop and one-on-one learning session.**



SOLACE SHELTER