|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Initials:\_\_\_\_\_\_\_\_ Complete at the End of the Day Week #:\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Date: | Mon.  \_\_/\_\_/\_\_ | Tues.  \_\_/\_\_/\_\_ | | Wed.  \_\_/\_\_/\_\_ | | Thurs.  \_\_/\_\_/\_\_ | Fri.  \_\_/\_\_/\_\_ | Sat.  \_\_/\_\_/\_\_ | Sun.  \_\_/\_\_/\_\_ |
| I consumed caffeinated drinks in the (M)orning, (A)fternoon, (E)vening, (N/A): | | | | | | | | | |
| M/A/E/NA  How many? | \_\_\_\_\_\_ | \_\_\_\_\_\_ | | \_\_\_\_\_\_ | | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| I exercised at least 20 minutes in the: (M)orning, (A)fternoon, (E)vening, (N/A): | | | | | | | | | |
| M / A / E / NA |  |  | |  |  | |  |  |  |
| Took a Nap?  (Circle one) | Yes  No | Yes  No | | Yes  No | Yes  No | | Yes  No | Yes  No | Yes  No |
| If yes, how long?  At what time? |  |  | |  |  | |  |  |  |
| During the day, how likely was I to doze off while performing daily activities (List one): | | | | | | | | | |
| No chance  Slight chance Moderate chance High chance |  |  | |  | |  |  |  |  |
| Throughout the day, my mood was… | | | | | | | | | |
| Very Pleasant  Pleasant  Unpleasant  Very Unpleasant |  |  | |  | |  |  |  |  |
| Approximately 2-3 hours before going to sleep I consumed: | | | | | | | | | |
| Alcohol  A heavy meal  Caffeine |  | |  |  | |  |  |  |  |
| In the hour before going to sleep, my bedtime routine consisted of: | | | | | | | | | |
| List activities like reading a book, using electronics, doing homework, taking a bath, practicing relaxation exercises, etc.. |  | |  |  | |  |  |  |  |

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Adapted from the National Sleep Foundation

https://www.sleepfoundation.org/