|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Initials:\_\_\_\_\_\_\_\_ Complete in the Morning Week #:\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Date: | Mon.  \_\_/\_\_/\_\_ | Tues.  \_\_/\_\_/\_\_ | Wed.  \_\_/\_\_/\_\_ | Thurs.  \_\_/\_\_/\_\_ | Fri.  \_\_/\_\_/\_\_ | Sat.  \_\_/\_\_/\_\_ | Sun.  \_\_/\_\_/\_\_ |
| I went to bed last night at: | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM |
| I *WOKE* UP this morning at: | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM |
| I *GOT OUT OF BED* this morning at:  \*\* may or may not be different than above answer\*\* | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM | \_\_\_\_\_\_\_  AM/PM |
| Last night I fell asleep: | | | | | | | |
| Easily  After some time  With difficulty |  |  |  |  |  |  |  |
| I woke up during the night: \*\*If you use a sleep tracker device, use that data. If not, take your best guess.\*\* | | | | | | | |
| # of times |  |  |  |  |  |  |  |
| # of minutes |  |  |  |  |  |  |  |
| When I woke up for the day, I felt: | | | | | | | |
| Rested  Somewhat rested  Exhausted |  |  |  |  |  |  |  |
| Notes: Record any other factors that may affect your sleep (work shift, stress, environment disturbances) |  |  |  |  |  |  |  |

S:\Wellness Center\Logos\USFSP-h-green.tiff

Adapted from the National Sleep Foundation

https://www.sleepfoundation.org/