SLEEP TRACKING

Name:_____

	Nighttime																Next Day				
	8p	9p	10p	11p	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a						
Date																Hours in bed	Total sleep time	Was sleep restful (Y/N)	Caffeine (how much)	Nap (how long)	Daytime Alertness (1-10)	Notes
3/12/15			●								●					8.5	7.5	Y			8	*example*

* Shade in times when you were asleep.
* Make a dot when you went to bed and when you got up.

*Alertness scale = 1 is very sleepy and 10 is fully alert.