

Sleep Diary and Bedtime Activities

Name: _____

Date: _____



Sleep Diary	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Into bed at ____ Lights out at ____							
Waking up time next day							
Number of hours I slept							
Which number are you? When I got up I felt: 1 = not tired at all 2 = a little tired 3 = really tired							
I woke up during the night ____ times For ____ mins.							

Check off any of these activities that you did ONE HOUR before bed

Bedtime Activity	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Read a book							
Used the computer							
Play with toys/games							
Used the computer							
Play with toys/games							
Did exercise/sport							
Watched TV							
Played video games							
Listened to music							
Had a snack							
Had a shower/bath							
Did my homework							