

Instructions: Complete this log for 2 weeks. If you're feeling tired during the day, see if you're getting the number of hours of sleep recommended for your age.

| | adjusting your sleep environment or habits if necessary. Make it a duce the number of days you feel tired by week 2. | DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY | DAY 6 | DAY 7 |
|-------------|--|----------|--------------|-------------|----------|--------|----------|----------|
| | Yesterday, I exercised for this many minutes: | | | 3 | | 5 | | |
| X Sleep Log | Yesterday, I: (check all that apply) Ate too much Didn't eat enough Had a drink with caffeine, like soda or tea | 000 | 0 0 0 | | | | | |
| | Yesterday, I: (check one) Had lots of energy Was tired all day Felt sleepy in the afternoon | 000 | 000 | 0 0 0 | | | | |
| | Yesterday, I took a nap. (check one) True False | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 | 0 0 |
| | Last night, I went to bed at this time: | | | | | | | |
| | Last night, I fell asleep at this time: | | | | | | | |
| | Today, I woke up at this time: | | | | | | | |
| | Last night, I slept for this many hours: | | | | | | | |



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