



Healthy**Body**Healthy**Life**
with *Melissa Koerner*

Sleep/Wake Diary:
Assess Your Sleep Quality &
Trouble-Shoot What's Disrupting
Your Sleep



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HealthyBodyHealthyLife.com

Professional Advice Disclaimer

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| DAY 1: _____

1. What time did you go to bed? _____

2. Did you have a hard time falling asleep? If yes, why? _____

3. What time did you wake up? _____

4. Did you wake up during the night? If yes, how many times did you awaken and why?

5. Do you feel rested and energized this morning?

Additional notes: _____

| DAY 2: _____

1. What time did you go to bed? _____

2. Did you have a hard time falling asleep? If yes, why? _____

3. What time did you wake up? _____

4. Did you wake up during the night? If yes, how many times did you awaken and why?

5. Do you feel rested and energized this morning?

Additional notes: _____



| DAY 3: _____

1. What time did you go to bed? _____

2. Did you have a hard time falling asleep? If yes, why? _____

3. What time did you wake up? _____

4. Did you wake up during the night? If yes, how many times did you awaken and why?

5. Do you feel rested and energized this morning?

Additional notes: _____

| DAY 4: _____

1. What time did you go to bed? _____

2. Did you have a hard time falling asleep? If yes, why? _____

3. What time did you wake up? _____

4. Did you wake up during the night? If yes, how many times did you awaken and why?

5. Do you feel rested and energized this morning?

Additional notes: _____



| DAY 5: _____

1. What time did you go to bed? _____

2. Did you have a hard time falling asleep? If yes, why? _____

3. What time did you wake up? _____

4. Did you wake up during the night? If yes, how many times did you awaken and why?

5. Do you feel rested and energized this morning?

Additional notes: _____

| DAY 6: _____

1. What time did you go to bed? _____

2. Did you have a hard time falling asleep? If yes, why? _____

3. What time did you wake up? _____

4. Did you wake up during the night? If yes, how many times did you awaken and why?

5. Do you feel rested and energized this morning?

Additional notes: _____



| DAY 7: _____

1. What time did you go to bed? _____

2. Did you have a hard time falling asleep? If yes, why? _____

3. What time did you wake up? _____

4. Did you wake up during the night? If yes, how many times did you awaken and why?

5. Do you feel rested and energized this morning?

Additional notes: _____
