

Date: _____

DAILY SLEEP JOURNAL

Reflection From Last Night's Sleep

Time Went to Bed: _____ Hours Spent Asleep: _____
Time Woke Up: _____ Hours Spent Awake: _____

Quality of Sleep



Poor



Great

Tonight's Sleep

Bedtime Routine

1

2

3

4

5

Unhealthy Habits To Remove

Healthy Habits To Add