SLEEP TRACKER

Use this sleep tracker to record the quality of your sleep, and to note any factors that may be preventing you from your best possible rest. Use your notes to talk to your doctor if your sleep doesn't improve.

Fill out before going to bed:

Today's Date:							
Number of caffeinated or alcoholic drinks (coffee, soda, tea, beer, wine, liquor) consumed and what time today:							
Time I ate dinner / other food before bed:							
Exercise times and lengths:							
How tired did I feel during the day today? 1- Struggled to stay awake most of the day 2- Somewhat tired 3- Fairly alert 4- Alert							

Notes and Thoughts:

Davis COUNTY
HEALTH DEPARTMENT

SLEEP TRACKER

Use this sleep tracker to record the quality of your sleep, and to note any factors that may be preventing you from your best possible rest.

Today's Date:							
• Time I went to bed last night: • Time I got out of bed this morning: • Hours spent in bed last night:							
• Number of times I woke up last night: • Total time spent awake:							
How long I took to fall asleep last night:							
Time I stopped using electronics:							
How alert did I feel when getting up this morning? 1- Alert 2- Alert but a little tired 3- Sleepy							

Notes and Thoughts: