

Module 4: Sleeping and Dreaming

Topic 1 Application: Sleep Journal

Fill out your sleep journal every morning for seven consecutive days.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What time did you go to bed?							
What time did you wake up?							
How many total hours did you sleep?							
How many times did you wake up in the middle of the night?							
Do you feel rested this morning?							
Did you have any caffeinated drinks yesterday?							
What activities did you do the hour before you fell asleep?							
Did you exercise yesterday?							
Do you remember dreaming last night?							
On a scale of 0 (awful) to 10 (great), what is your mood today?							