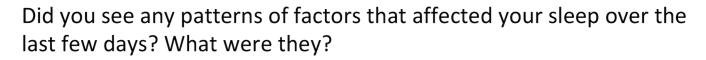
Sleep Diary

Fill out the following sleep diary when you wake up to look for patterns of factors that affect your sleep that night.

| Date of sleep | | |
|--|--|--|
| Wake time | | |
| Bedtime | | |
| # of awakenings | | |
| Time of last caffeine consumption before bed | | |
| Any exercise that day? | | |
| Mood before bed | | |
| Did you have any alcohol before bed? | | |
| Did you dream? | | |
| Were you hydrated before bed? | | |
| Describe your sleep | | |
| Before bed activities | | |
| Pain Level at bedtime | | |
| Pain Level in the morning | | |

Sleep Diary



What can you try to do differently to improve your sleep over the next few days?