

My Sleep Diary

Name: _____ Date: _____

Before you sleep

What day is it today? Colour it in!

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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What time are you going to sleep?

	PM
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After waking up

What time did you wake up?

	AM
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How did you feel when you woke up? Colour it in!

				
Happy	Sad	Tired	Sick	I don't know