

# SLEEP DIARY

Sleep is one of the most important sources of energy and at the same time it strengthens the immune system. Not only the length of sleep, but also the quality of sleep is a central point for the best possible regeneration.

**Print out this template and place it on your bedside table.**  
**With just a few regularly recorded points you will quickly get a feeling for when and why you feel rested and refreshed in the morning.**

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Date \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>HOW WELL DID YOU SLEEP?</b> 1= very poor 5=very good	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>WHEN DID YOU GO TO BED?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>WHEN DID YOU GET UP?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>HOW LONG DID YOU SLEEP??</b>	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h
<b>DID YOU STAY AWAKE IN BED LAST NIGHT?</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein
<b>DID YOU WAKE UP DURING THE NIGHT??</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein

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<b>WHEN DID YOU GO TO BED?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>WHEN DID YOU GET UP?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>HOW LONG DID YOU SLEEP??</b>	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h
<b>DID YOU STAY AWAKE IN BED LAST NIGHT?</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein
<b>DID YOU WAKE UP DURING THE NIGHT??</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein

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<b>WHEN DID YOU GO TO BED?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>WHEN DID YOU GET UP?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>HOW LONG DID YOU SLEEP??</b>	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h
<b>DID YOU STAY AWAKE IN BED LAST NIGHT?</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein
<b>DID YOU WAKE UP DURING THE NIGHT??</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein

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<b>HOW WELL DID YOU SLEEP?</b> 1= very poor 5=very good	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>WHEN DID YOU GO TO BED?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>WHEN DID YOU GET UP?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>HOW LONG DID YOU SLEEP??</b>	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h
<b>DID YOU STAY AWAKE IN BED LAST NIGHT?</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein
<b>DID YOU WAKE UP DURING THE NIGHT??</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein

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<b>WHEN DID YOU GO TO BED?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>WHEN DID YOU GET UP?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>HOW LONG DID YOU SLEEP??</b>	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h
<b>DID YOU STAY AWAKE IN BED LAST NIGHT?</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein
<b>DID YOU WAKE UP DURING THE NIGHT??</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein

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<b>WHEN DID YOU GO TO BED?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>WHEN DID YOU GET UP?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>HOW LONG DID YOU SLEEP??</b>	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h
<b>DID YOU STAY AWAKE IN BED LAST NIGHT?</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein
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<b>WHEN DID YOU GO TO BED?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>WHEN DID YOU GET UP?</b>	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock	_____ O'clock
<b>HOW LONG DID YOU SLEEP??</b>	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h
<b>DID YOU STAY AWAKE IN BED LAST NIGHT?</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein
<b>DID YOU WAKE UP DURING THE NIGHT??</b>	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein	<input type="checkbox"/> ja <input type="checkbox"/> nein