DAY LOG

PharmaZzz
Non-Medication Therapy for Insomnia

DATE/DAY *(Fill in each evening just before going to bed)*										AVERAGE
Caffeinated drinks? How many?	Before 5PM									
	After 5 PM									
Alcoholic drinks? How many?	Before 5PM									
	After 5 PM									
Nicotine use? How many cigarettes, other forms?	Before 5PM									
	After 5 PM									
Exercise?	Before 5PM									
	After 5 PM									
Naps?	Time of day									
	How long?									
Stress during your day?	*Y / N*									
Feel sleepy during the day?	*Y / N*									
Mood in general during day?	*1=poor; 2=fair; 3=good; 4=excellent*									
Overall function during day?	*1=poor; 2=fair; 3=good; 4=excellent*									
Additional items to track: (list)										