

**Sleep & Rest Log**

Energy Level: (0 = ready to sleep, 10 = great energy)	Mood: (0 being pessimistic, 10 being optimistic)	How would you rate the quality of sleep for last night ? 0 indicates poor sleep, 10 indicates good sleep
Wake Time: _____		
Bed Time _____		
<b>Nap Time (if you rested –eyes closed – please list what time you laid down and what time you stood up) _____ to _____</b>	Energy before Nap ____ Energy after Nap _____	Mood before Nap ____ Mood after Nap _____
<b>Total hours slept in 24 hour period</b>		

**Caffeine & Water Consumption**

Type of Caffeine consumed and amount (coffee, tea, soda—6 ounces, 12 ounces, etc)		List any plain water you consume (not water found in Crystal Light, etc.) and amount	
Type / Amount / Time	Type / Amount / Time	Amount - Time Consumed	Amount - Time Consumed

**Food Consumption**

Meal	Time Consumed	General description of meal/snack:
<b>Breakfast</b>		
<b>Lunch</b>		
<b>Dinner</b>		
<b>Other:</b>		

**Activities:**

For questions where your answer is “yes,” please list the activity and the time conducted

Did you exercise today? \_\_\_\_\_ Activity: \_\_\_\_\_ Minutes: \_\_\_\_\_  
 Did you do anything “just for you” today, such as a hobby, reading, etc.? \_\_\_\_\_ Minutes: \_\_\_\_\_

**Stress & Attitude**

Scale for all questions except #2: 1 = Very negative 2= Negative 3 = Neutral 4 = Positive 5 =Very Positive

Scale for question 2: : 1 = Very Stressed 2 = Pretty Stressed 3 = Average 4=Low Stress 5= Zero to Little Stress

Interactions with Others					
1 How would rate the affect on your energy from your interaction with adults today					
2 How would you rate the stress encountered from interaction with adults today?					
Attitude & Thought Patterns					
3 How would you rate your overall thoughts throughout the day?					
4 What rating would you give to your morning overall?					
5 What rating would you give to your afternoon overall					
6 What rating would you give to your evening overall?					

**Complete if applicable:**

If you are currently diagnosed with a physical illness (chronic fatigue, cancer, fibromyalgia, arthritis) please rate how much this condition negatively influenced your physical and emotional health today (1 being the lowest; 10 being the highest) \_\_\_\_\_

If you are currently being treated for depression, ADD, anxiety or other mood disorder please rate how much this condition negatively influenced your physical and emotional health today (1 being the lowest; 10 being the highest) \_\_\_\_\_

Cyclical stage/influence (see instructions) \_\_\_\_\_