

## Sleep practice form

Each morning, keep a note of the following:

Rate the quality of your sleep between 1 and 10, where 10 = perfect night's sleep.

What time did you try to go to sleep?
How long did it take you to fall asleep?
How often did you wake during the night?
How long did it take you to fall asleep each time?
When did you wake?
When did you get up?