**Activity 1A: Sawing Logs Sleep Journal**

Date: ________________  Student: _________________________

### DAYTIME ACTIVITIES

**Sports** (describe): __________________________________________________________________________________________  Time Spent: ________________

- **Circle Type of Effort:** Physical  Mental  Emotional
- **Circle Level of Effort:** Very High  High  Medium  Low  Very Low

**Extracurricular** (describe): __________________________________________________________________________________________  Time Spent: ________________

- **Circle Type of Effort:** Physical  Mental  Emotional
- **Circle Level of Effort:** Very High  High  Medium  Low  Very Low

**Job/Work** (describe): __________________________________________________________________________________________  Time Spent: ________________

- **Circle Type of Effort:** Physical  Mental  Emotional
- **Circle Level of Effort:** Very High  High  Medium  Low  Very Low

**Homework** (describe): __________________________________________________________________________________________  Time Spent: ________________

- **Circle Type of Effort:** Physical  Mental  Emotional
- **Circle Level of Effort:** Very High  High  Medium  Low  Very Low

**Daytime Naps** (circle response): Yes  No

  - If yes, how many?  Total time spent napping:

**Rate your daytime fatigue level:**  Very High  High  Medium  Low  Very Low

**Nutrition:**  Time of last meal/snack before bed: ____________________________________________________________

  - Describe last meal/snack eaten before bed: ________________________________________________________________

**Sleep:**  Begin Time: ___________  Wake Time: ___________  Total Hours Slept: ___________

  - Did you wake up during the night? Yes  No  If yes, how many times? ________________

**Check the statement that best describes how you felt when you woke up:**

- [ ] I am well rested and ready for the day.
- [x] I am sleepy/tired, but can function.
- [ ] I am tired and having trouble waking up.