

Track your progress once per week for 12 weeks

Week: _____ Date: _____

In the past week:

- 1 – Not at all
- 2 – A little bit
- 3 – Somewhat
- 4 – Quite a bit
- 5 – Very much

I had difficulty falling asleep _____

I had trouble staying asleep _____

I had trouble going back to sleep _____

My sleep was restless _____

My sleep was poor quality _____