






Breakfast & Sleep Journal

First Name: _____ Teacher or Room: _____ Date Started: _____

Day	I went to bed at:	I woke up at:	I ate breakfast:	For breakfast, I ate: Draw or write what you ate.	How did you feel when school started? Circle how you felt.
	7:30PM	6:00AM	<input checked="" type="radio"/> Yes <input type="radio"/> No	1 scrambled egg 2 strawberries 1 glass of milk	
Monday			Yes No		
Tuesday			Yes No		
Wednesday			Yes No		
Thursday			Yes No		
Friday			Yes No		