## DAILY SCHEDULE (include approximate times)

1. Describe your activities from the time you wake up until you go to sleep. (Such as: eating, sleeping, exercise, work, play…).

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| **Morning**  | **Waking time** | Ease or difficulty of waking?  |
| **Morning**Typical activities | Routines on waking: Other activities:  |
| **Mid-day**Typical activities |  |
| **Afternoon**Typical activities |  |  |
| **Evening** Typical activities |  |  |
| Routines before bed |  |
| **Night** | **Bedtime** | Ease or difficulty of falling asleep/staying asleep?  |

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| **Meal** | **Time of meal** | **Typical Foods & Beverages taken at mealtimes & as snacks** |
| **Breakfast**  |  | Not usually taken |
| **Lunch** |  | Taken about 11:30  |
| **Dinner** |  | Taken at 5pm or as late as 10pm  |
| **Snack/s** |  |  |