

Sleep Log

Complete this form for each day of the week. Consider placing it where you will see and remember to fill it out daily (breakfast table, dresser, etc.). Do not complete while in bed or closely watch the clock but rather estimate results. All questions pertain to your main sleep time with the exception of “Nap times and length”.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date (month/day)							
Nap times and length							
Sleep medication, dose and time taken							
Time you entered bedroom							
Activity in bedroom prior to trying to sleep (reading, TV, etc.)							
Time you began trying to sleep							
How long it took to fall asleep							
Number of awakenings							
Length of awakenings							
Cause of awakenings							
Final wake time							
Time out of bed							
Rate sleep on scale of 1 to 5 1 = least refreshed & 5 = most refreshed							