

Weekly Sleep Log

Name: _____

Date: _____ to _____

Print out and fill in the sleep log each day for one to two weeks. Keep your answers brief, but be as specific as possible.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
The quality of your sleep last night:							
Time you went to bed last night:							
Time you started your day today:							
On a scale of 1 to 10 (10=poorly), how well did you sleep?							
How long did it take to fall asleep?							
Total amount of time you slept:							
Describe the quality of your sleep that night. (Frequent waking? Deep sleep?)							
If you woke up during the night, how often? About what time(s)?							
Describe what woke you each time. (For example: worry, physical discomfort, sweating, need to go to bathroom, etc.)							
Were you able to fall back asleep?							
If not, about how long did you remain awake?							
Were you snoring, kicking, or tossing and turning during sleep? (Ask your bed partner.)							
Did you feel your breathing stop or a choking sensation?							
The day after...							
On a scale of 1 to 10 (10 = poorly) how well could you pursue the day's activities?							
Did you feel well rested when you started the day?							
Briefly describe your energy level, sleepiness, and ability to get work done.							
Did you need to take a nap? If yes, what time?							
Did you...							
Experience any difficulties/stress during the day?							
Eat close to bedtime? If so, as what time? Fairly heavy meal? Just a snack?							
Drink beverage containing alcohol or caffeine? If yes, at what time? How many cups or glasses?							
Take any medications or drugs that evening? If yes, which ones? If yes, at what time?							
Did you smoke? If yes, at what time? How many cigarettes or cigars?							