

## Sleep Log

Name:	Example							
<i>Week (beginning date to ending date):</i>	Day 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Fill out 1-6 prior to going to bed								
1) I napped from ____ to ____ (note times of all naps)	2:00 to 2:45 pm							
2) I took ____ mg of sleep medication as a sleep aid	Prosom 1 mg							
3) I took ____ oz of alcohol as a sleep aid	beer 12 oz							
4) I went to bed at ____ o'clock	10:30							
5) I turned the lights out at ____ o'clock	11:15							
6) I plan to awaken at ____ o'clock	0							
Fill out 7-13 the next day								
7) After turning the lights out, I fell asleep in ____ minutes	45							
8) My sleep was interrupted ____ times (specify numer of nighttime awakenings)	3							
9) My sleep was interrupted for ____ minutes (specify duration of each awakening)	20, 30, 15							
10) I woke up at ____ o'clock (note time of last awakening)	6:15							
11) I got out of bed at ____ o'clock (specify the time)	6:40							
12) When I got up this morning I felt _____. <small>(1=exhausted, 2=tired, 3=average, 4=rather refreshed, 5=very refreshed)</small>	2							
13) Overall, my sleep last night was _____. <small>(1=very restless, 2=restless, 3=average, 4=sound, 5=very sound)</small>	1							