

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? | | | | | | | |