

SLEEP LOG

From date:

To date:

Fill in the **Morning** section when you get up and the **Today** section right before you get in bed.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week							
Last night: (fill in the morning)							
I went to bed at (00:00 AM/PM)							
I woke up at (00:00 AM/PM)							
Total hours in bed							
It took me 15 minutes or less to fall asleep							
The quality of my sleep was (5= very good, 1= very bad)							
This morning I felt (5= full of energy , 1= no energy)							
How many times I woke up during the night							
My sleep was disturbed by (e.g. temperature, dreams, snoring (<i>my own or other's</i>), noise, discomfort, tossing & turning, Resless Leg Syndrom, my smartphone, etc.)							
Today: (fill at night)							
I felt drowsy throughout the day (5= not at all, 1= often)							
Overall my mood was (5= positive, 1= negative)							
In the hour before getting to bed I did the following: (e.g. reading, eating, drinking caffeine or alcohol, socializing, exercising, chores, digital screen time, etc.)							