

SLEEP LOG Date Range: _____

Please complete this form each morning when you wake up.

Day of the Week	Example: Mon	Mon	Tue	Wed	Thur	Fri	Sat	Sun
1. Yesterday I napped from ____ to ____ (time range of all naps). If you didn't nap, write "No nap."	2:30-3:15 p.m.							
2. Last night I took ____ mg of ____ or ____ ounces of alcohol as a sleep aid.	5 mg Ambien							
3a. Last night I got into bed at ____ (a.m. or p.m.).	11:00 p.m.							
3b. Last night I turned off the lights and tried to fall asleep at ____ (a.m. or p.m.).	11:40 p.m.							
4. After I turned off the lights, it took me about ____ minutes to fall sleep.	75 min.							
5. I woke from sleep ____ times. (Do not count when you finally woke up here.)	2 times							
6. My arousals lasted ____ minutes. (List each arousal separately.)	25 min. 40 min.							
7. Today I woke up at ____ (a.m. or p.m.). (Note: this is when you finally woke up.)	6:30 a.m.							
8. Today I got out of bed for the day at ____ (a.m. or p.m.).	6:45 a.m.							
9. Today I woke up ____ minutes earlier than I wanted to.	0							
10. I would rate the quality of last night's sleep as 1 = very poor, 2 = poor, 3 = fair, 4 = good, or 5 = excellent.	3							

learning about your sleep