

SAMPLE SLEEP LOG

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Fill Out in the Morning	Day #	Day ____	Day ____	Day ____	Day ____	Day ____
	Day of Week					
	I went to bed last night at	____ AM/PM	____ AM/PM	____ AM/PM	____ AM/PM	____ AM/PM
	I got out of bed this morning at	____ AM/PM	____ AM/PM	____ AM/PM	____ AM/PM	____ AM/PM
	Last night, It took me this long to fall asleep	__ hours __ minutes	__ hours __ minutes	__ hours __ minutes	__ hours __ minutes	__ hours __ minutes
	I woke up this many times overnight	__ times	__ times	__ times	__ times	__ times
	I woke up at night because					
	This is how I felt when I woke up	<input type="checkbox"/> Had a headache <input type="checkbox"/> Groggy <input type="checkbox"/> Confused <input type="checkbox"/> Rested <input type="checkbox"/> Energetic	<input type="checkbox"/> Had a headache <input type="checkbox"/> Groggy <input type="checkbox"/> Confused <input type="checkbox"/> Rested <input type="checkbox"/> Energetic	<input type="checkbox"/> Had a headache <input type="checkbox"/> Groggy <input type="checkbox"/> Confused <input type="checkbox"/> Rested <input type="checkbox"/> Energetic	<input type="checkbox"/> Had a headache <input type="checkbox"/> Groggy <input type="checkbox"/> Confused <input type="checkbox"/> Rested <input type="checkbox"/> Energetic	<input type="checkbox"/> Had a headache <input type="checkbox"/> Groggy <input type="checkbox"/> Confused <input type="checkbox"/> Rested <input type="checkbox"/> Energetic
Fill Out in the Evening	I consumed caffeine in the (circle one or more)	Morning / Afternoon / Evening / N/A	Morning / Afternoon / Evening / N/A	Morning / Afternoon / Evening / N/A	Morning / Afternoon / Evening / N/A	Morning / Afternoon / Evening / N/A
	I exercised more than 20 minutes in the (circle one or more)	Morning / Afternoon / Evening / N/A	Morning / Afternoon / Evening / N/A	Morning / Afternoon / Evening / N/A	Morning / Afternoon / Evening / N/A	Morning / Afternoon / Evening / N/A
	In the 2 - 3 hours before bed, I consumed	<input type="checkbox"/> Alcohol <input type="checkbox"/> Recreational Drugs <input type="checkbox"/> Caffeine <input type="checkbox"/> A large meal <input type="checkbox"/> None of the above	<input type="checkbox"/> Alcohol <input type="checkbox"/> Recreational Drugs <input type="checkbox"/> Caffeine <input type="checkbox"/> A large meal <input type="checkbox"/> None of the above	<input type="checkbox"/> Alcohol <input type="checkbox"/> Recreational Drugs <input type="checkbox"/> Caffeine <input type="checkbox"/> A large meal <input type="checkbox"/> None of the above	<input type="checkbox"/> Alcohol <input type="checkbox"/> Recreational Drugs <input type="checkbox"/> Caffeine <input type="checkbox"/> A large meal <input type="checkbox"/> None of the above	<input type="checkbox"/> Alcohol <input type="checkbox"/> Recreational Drugs <input type="checkbox"/> Caffeine <input type="checkbox"/> A large meal <input type="checkbox"/> None of the above
	In the 2 - 3 hours before bed, I	<input type="checkbox"/> Watched TV <input type="checkbox"/> Checked news <input type="checkbox"/> Checked social media <input type="checkbox"/> Read <input type="checkbox"/> Bathed <input type="checkbox"/> Experienced stress	<input type="checkbox"/> Watched TV <input type="checkbox"/> Checked news <input type="checkbox"/> Checked social media <input type="checkbox"/> Read <input type="checkbox"/> Bathed <input type="checkbox"/> Experienced stress	<input type="checkbox"/> Watched TV <input type="checkbox"/> Checked news <input type="checkbox"/> Checked social media <input type="checkbox"/> Read <input type="checkbox"/> Bathed <input type="checkbox"/> Experienced stress	<input type="checkbox"/> Watched TV <input type="checkbox"/> Checked news <input type="checkbox"/> Checked social media <input type="checkbox"/> Read <input type="checkbox"/> Bathed <input type="checkbox"/> Experienced stress	<input type="checkbox"/> Watched TV <input type="checkbox"/> Checked news <input type="checkbox"/> Checked social media <input type="checkbox"/> Read <input type="checkbox"/> Bathed <input type="checkbox"/> Experienced stress
	Medication I took during the day					
	Nighttime relaxation techniques I used					