

SLEEP LOG

SAMPLE

DAY OF THE WEEK	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CALENDAR DATE	3/25/96						
1. Yesterday I napped from ___ to ___ (note time of all naps).	1:30-2:45 PM						
2. Last night I took ___ mg. of ___ or ___ of alcohol as a sleep aid.	Ambien 5 mg.						
3. Last night I turned off the lights and attempted to fall asleep at ___ (AM or PM?)	11:30 PM						
4. After turning off the lights it took me about ___ minutes to fall sleep.	40 Min.						
5. I woke from sleep ___ times. (Do not count your final awakening here)	2 Times						
6. My awakenings lasted ___ minutes. (List each awakening separately.)	25 Min. 40 Min.						
7. Today I woke up at ___ (AM or PM?) NOTE this is your final awakening.	6:30 AM						
8. Today I got out of bed for the day at (AM or PM?).	7:15 AM						
9. I would rate the quality of last night's sleep as: 1 = very poor 4 = good 2 = poor 5 = excellent 3 = fair.	3						
10. When I awoke today I felt: 1 = not all rested 4 = rested 2 = slightly rested 5 = well rested 3 = somewhat rested	2						