NAME:_____

SLEEP LOG

Please complete this sleep log for the previous day and night after you wake up and get out of bed in the morning. Please answer each item as best you can and bring your completed sleep log with you to your next appointment.

Day and Date	Day of the Week: Date:	Day of the Week: Date:	Day of the Week: Date:	Day of the Week: Date:	Day of the Week: Date:	Day of the Week: Date:	Day of the Week: Date:
About your Day							
Did you take a nap? For how long? At what time?	Yes☐ No☐ _____mins. _____	Yes☐ No☐ _____mins. _____	Yes☐ No☐ _____mins. _____	Yes☐ No☐ _____mins. _____	Yes☐ No☐ _____mins. _____	Yes☐ No☐ _____mins. _____	Yes☐ No☐ _____mins. _____
Did anything stressful happen during the day? If yes, please describe.	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
Did you have any caffeine after 12:00 noon? At what time?	Yes☐ No☐ Time:_____	Yes☐ No☐ Time:_____	Yes☐ No☐ Time:_____	Yes☐ No☐ Time:_____	Yes☐ No☐ Time:_____	Yes☐ No☐ Time:_____	Yes☐ No☐ Time:_____
Did you exercise?	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
How was your overall functioning during the day?	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐
About your Night							
Did you take any sleeping medications? Please indicate the medication, amount, and time you took it.	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
What time did you get into bed?							
How long did it take you to fall asleep?							
How many times did you wake up during the night?							
How long (in minutes) were you awake during these awakenings?							
How many total hours did you sleep last night?							
What was the quality of your sleep?	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐	Poor ☐ Fair ☐ Good ☐ Excellent ☐
Do you feel like you had an adequate amount of sleep?	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐