

Sleep Log

Keep track of your sleep so you can learn to befriend your sleep! What does your sleep like? Let's figure this out.

When you are filling out the ratings, 1 and 5 are provided for you. If it's in between, use your judgement to determine if its a 2,3, or 4. Then follow that same judgement for the future.

Fill in before you go to sleep	Today's Date	Sept 29	Sep 30	Oct 1					Now you try!					Weekly Average (sum each day/7=___)
	Number of cups of caffeine and the time of your last one.	3C 2pm	2C 3pm	1C 9am										
	The amount of nicotine you had and when you last had some.	2 N 6pm	4N 8pm	-										
	If you napped, when and for how long.	1 Nap; 30 min	-	1; 120 min										
	How active you were today: 1 (Nothing) to 5 (Very)	3	1	5										
	How <i>sleepy</i> were you today? 1 (a struggle to stay awake all day)to 5 (Completely alert)	2	3	2										
	How much do you think/plan/worry/fixate about sleep today? 1 (nearly every hour of the day) to 5 (didn't even think of it till now)	1	2	2										
Fill in after you wake up	Today's Date	Sept 30	Oct 1	Oct 2										
	Time I got in bed Time I got out of bed Total time in bed (A)	12:30am 9:00 am 8.5	11:30am 9:00 am 9.5	1am 8:30am 7.5										
	Number of awakenings; total time awake (B)	3, 2hrs	5, 3hrs	1, 2hrs										
	How long I took to fall asleep (C).	2 hours	1.5 hrs	2										
	Total amount of time ASLEEP (A-B-C=___)	4.5	5	3.5										
	Medicine/supplements I took last night.	-	-	-										
	How I felt when I woke up: 1 (sleepy) to 3 (Alert)	1	1	1										

Sleep Log

Keep track of your sleep so you can learn to befriend your sleep! What does your sleep like? Let's figure this out.

When you are filling out the ratings, 1 and 5 are provided for you. If it's in between, use your judgement to determine if its a 2,3, or 4. Then follow that same judgement for the future.

Fill in before you go to sleep	Today's Date								Weekly Average (sum each day/7=___)
	Number of cups of caffeine and the time of your last one.								
	The amount of nicotine you had and when you last had some.								
	If you napped, when and for how long.								
	How active you were today: 1 (Nothing) to 5 (Very)								
	How <i>sleepy</i> were you today? 1 (a struggle to stay awake all day)to 5 (Completely alert)								
	How much do you think/plan/worry/fixate about sleep today? 1 (nearly every hour of the day) to 5 (didn't even think of it till now)								
Fill in after you wake up	Today's Date								
	Time I got in bed Time I got out of bed Total time in bed (A)								
	Number of awakenings; total time awake (B)								
	How long I took to fall asleep (C).								
	Total amount of time ASLEEP (A-B-C=___)								
	Medicine/supplements I took last night.								
	How I felt when I woke up: 1 (sleepy) to 3 (Alert)								