

Sleep Log

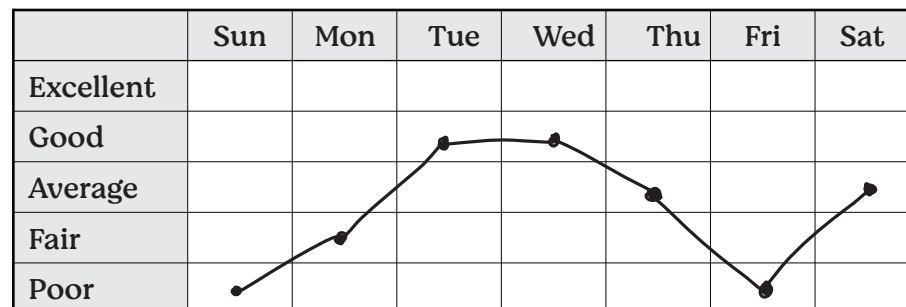
Improve your sleep quality by keeping a log.

EXAMPLE

Fill out in the morning (within 3 hours of waking up)	Sun	Mon	Tue	Wed	Thu	Fri	Sat
What time did you turn off the lights to go to sleep last night?	11:30pm	10:45pm	10:30pm	10:30pm	11pm	11:30pm	10:15pm
What time did you wake up today?	7:30am	8:15am	8 am	8 am	8:30am	8:45am	8 am
How many total hours did you sleep (or try to sleep) last night?	6hrs	7.5 hrs	9 hrs	8 hrs	7 hrs	6.5 hrs	8 hrs
How many times did you wake up during the night?	5	3	1	1	2	4	2
Yesterday's factors that might have impacted your sleep quality:							
Did you nap yesterday? If yes, what time?	4pm		4:30pm			1:30pm	
• How long did you nap?	20min		10min			30min	
Have caffeine after <u>3pm</u>? (Write your cut off time. eg. 3pm) [coffee, tea, caffeinated soda, chocolate, energy drinks, certain medications]	Y(N)	Y(N)	Y(N)	Y(N)	Y(N)	(Y/N)	Y(N)
Have alcohol after <u>7pm</u>? (Write your cut off time. eg. 6pm)	(Y/N)	Y(N)	Y(N)	Y(N)	Y(N)	Y(N)	Y(N)
Have nicotine after <u>-</u>? (Write your cut off time. eg. 6pm)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Did you exercise?	Y(N)	Y(N)	(Y/N)	(Y/N)	(Y/N)	Y(N)	Y(N)
Eat a heavy meal after <u>6pm</u>? (Write your cut off time. eg. 6pm)	(Y/N)	Y(N)	Y(N)	Y(N)	(Y/N)	(Y/N)	Y(N)
Take any sleeping medication? (Pharmaceutical, Herbal or Botanical)							Ambien
• What time and amount of medication?							11pm.5mg


Date	Notes
23 rd June	I went to bed later than normal and had a really hard time falling asleep. It could have been from the alcohol and heavy meal.
25 th June	Amazing night sleep! I think the morning walk helped and I went to bed on time too.

Rate your sleep quality each night to determine any trends



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What time did you wake up today?							
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Did you nap yesterday? If yes, what time?							
• How long did you nap?							
Have caffeine after.....? (Write your cut off time. eg. 3pm) [coffee, tea, caffeinated soda, chocolate, energy drinks, certain medications]	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Have alcohol after? (Write your cut off time. eg. 6pm)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Have nicotine after? (Write your cut off time. eg. 6pm)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Did you exercise?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Eat a heavy meal after? (Write your cut off time. eg. 6pm)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Take any sleeping medication? (Pharmaceutical, Herbal or Botanical)							
• What time and amount of medication?							

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	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Excellent							
Good							
Average							
Fair							
Poor							