



Sleep Log

NAME: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date							
Time in bed							
Time asleep							
Time awake							
Time out of bed							
1 st waking time/duration							
2 nd waking time/duration							
3 rd waking time/duration							
4 th waking time/duration							
Overall quality of sleep; 0=worst 10=best							
Comments							