

SLEEP LOG

TRACK FOR AT LEAST 1 FULL WEEK!

Please fill this out for the previous day and night no more than 3 hours after waking.

The information can be an estimate when necessary.

Date	AM												PM							Comments					
	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2		3	4	5	6	7
8/5		F		↓	■			■	■	■		↑	M	F	E					■	C		F	M	felt tired all day

KEY:

Awake <input type="checkbox"/> (leave blank)	C = Caffeine
Into Bed ↓	E = Exercise
Out of Bed ↑	M = Medication
Asleep ■ (include naps)	F = Food (meal/snack)

Caffeine = coffee, tea, caffeinated soda, chocolate, energy drinks

Rate the Quality of Your Sleep. Did you feel your sleep quality was excellent or poor?

Did you feel sleepy during the day? At what times?

If you took a nap, did you feel refreshed after your nap?