

**SLEEP LOG: Date Range** \_\_\_\_\_

Please complete this form each morning when you wake up.



Day of the Week – Write In at Top	Example: <i>Mon</i>							
1. Yesterday I napped from ___ to ___ (time range of all naps). If you didn't nap, write "No nap."	<i>2:30-3:15 p.m.</i>							
2. Last night I took ___ mg of ___ or ___ ounces of alcohol as a sleep aid.	<i>5 mg Ambien</i>							
3a. Last night I got into bed at ___ (a.m. or p.m.).	<i>11:00 p.m.</i>							
3b. Last night I turned off the lights and tried to fall asleep at ___ (a.m. or p.m.).	<i>11:40 p.m.</i>							
4. After I turned off the lights, it took me about ___ minutes to fall asleep.	<i>75 min</i>							
5. I woke up from sleep ___ times. (Do not count when you finally woke up here.)	<i>2 times</i>							
6. My arousals lasted ___ minutes. (List each arousal separately.)	<i>25 min 40 min</i>							
7. Today I woke up at ___ (a.m. or p.m.). (Note: this is when you finally woke up.)	<i>6:30 a.m.</i>							
8. Today I got out of bed for the day at ___ (a.m. or p.m.).	<i>6:45 a.m.</i>							
9. Today I woke up ___ minutes earlier than I wanted to.	<i>0</i>							
10. I would rate the quality of last night's sleep as 1 = very poor, 2 = poor, 3 = fair, 4 = good, or 5 = excellent.	<i>3</i>							