

Name: _____

Weekly Sleep Log

Date:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What time did you go to bed?							
What time did you turn the lights out to go to sleep?							
<u>About</u> how long did it take you to fall asleep? (1/2, 1, 2 hours, etc.)							
How many times did you wake up last night?							
<u>About</u> how long were you awake during the night? (total time of all awakenings) (1/2, 1, 2 hours, etc.)							
What was your final wake up time this morning?							
What time did you get out of bed?							
About how many hours did you sleep last night?							
Sleep medications (indicate dose):							