Sleep Log

We've created an easy-to-use sleep diary designed to provide you with insight into the quality of your sleep. Your answers may help your health care professional recognize a problem and recommend the proper treatment. Keep this diary in a convenient place and answer the questions for one week. Bring this diary with you the next time you see your doctor.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
How long did it take you to fall asleep?							
How many times did you wake up during the night?							
How many hours were you awake last night?							
Overall, how many hours did you sleep?							
Did you wake up earlier than you wanted to?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
On a scale of 1 to 5, how did you feel when you woke up?	☐ 1 - Tired ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Refreshed	☐ 1 - Tired ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Refreshed	☐ 1 - Tired ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Refreshed	☐ 1 - Tired ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Refreshed	☐ 1 - Tired ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Refreshed	☐ 1 - Tired ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Refreshed	☐ 1 - Tired ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Refreshed
Did you take any naps today?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Did you do any of the following?	☐ Consume Caffeine ☐ Drink Alcohol ☐ Exercise	☐ Consume Caffeine ☐ Drink Alcohol ☐ Exercise	☐ Consume Caffeine ☐ Drink Alcohol ☐ Exercise	☐ Consume Caffeine ☐ Drink Alcohol ☐ Exercise	☐ Consume Caffeine ☐ Drink Alcohol ☐ Exercise	☐ Consume Caffeine ☐ Drink Alcohol ☐ Exercise	☐ Consume Caffeine ☐ Drink Alcohol ☐ Exercise
On a scale of 1 to 5, how did you feel during the day?	☐ 1 - Sluggish ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Energetic	☐ 1 - Sluggish ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Energetic	☐ 1 - Sluggish ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Energetic	☐ 1 - Sluggish ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Energetic	☐ 1 - Sluggish ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Energetic	☐ 1 - Sluggish ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Energetic	☐ 1 - Sluggish ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Energetic