

SLEEP LOG

This log can help you and your doctor identify potential sleep disrupters

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING QUESTIONS							
Wake-up time							
Length of time to fall asleep							
Times awoken							
Times out of bed							
Total hours of sleep last night							
EVENING QUESTIONS							
Did you nap today? How long?							
Did dinner have spicy foods?							
# of caffeinated drinks							
# of alcoholic beverages							
Did you go to bed hungry?							
Minutes of exercise							
Mood before bed							
Activities 1 hr. before bed							
Bedtime							