SLEEP ASSOCIATES OF CT WEEKLY SLEEP & WAKE LOG

Name: _____ **Date: _____**

1. Take the time to fill out this form for last night's sleep when you get up to start your day. **(No need to watch the clock, just estimate sleep time or time awake).**
2. You will indicate **what time you actually began trying to fall asleep** by drawing a down arrow. ↓
3. You will indicate **what time you got up to start your day** with an up arrow. ↑
4. Shade the boxes showing **when you think you were sleeping**. example:
5. If you are awake for more than half an hour, leave that area un-shaded.
6. **In the morning**, under the "rested" column, mark how rested you felt upon arising, on a scale of 1-7, ***1 being most rested***.
7. **In the evening**, under the "sleepy" column, mark how sleepy you felt for most of day, on a scale of 1-7, ***7 being most sleepy***.
8. Before you go to bed indicate by **letter** what times you took (**M**)edication, (**C**)affeine (# of beverages or chocolate pieces), or (**A**)lcohol (# drinks, beers, or ounces), and shade in time for any naps that day (Note: use M1, M2 etc for different medications).

		Afternoon								Evening					Nighttime							Morning				
Today's Date	Sleepy?	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	9 am	10 am	11 am	Rested?

							Today's Date
							Sleepy?
							12 pm
							1 pm
							2 pm
							3 pm
							4 pm
							5 pm
							6 pm
							7 pm
							8 pm
							9 pm
							10 pm
							11 pm
							12 am
							1 am
							2 am
							3 am
							4 am
							5 am
							6 am
							7 am
							8 am
							9 am
							10 am
							11 am
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							12 pm
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							10 pm
							11 pm
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							5 am
							6 am
							7 am
							8 am
							9 am
							10 am
							11 am
							Rested?

Afternoon

Evening

Nighttime

Morning