SLEEP ASSOCIATES OF CT WEEKLY SLEEP & WAKE LOG

Name:	Date:									
1. Take the time to fill out this form for las	st 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 actual	lly began trying to fall asleep by drawing a down arrow. ↓									
3. You will indicate what time you got up										
4. Shade the boxes showing when you thin	nk you were sleeping. example:									
5. If you are awake for more than half an h	nour, leave that area un-shaded.									
6. In the morning, under the "rested" colu	amn, mark how rested you felt upon arising, on a scale of 1-7, <i>1 being most rested</i> .									

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

7. <u>In the evening</u>, under the "sleepy" column, mark how sleepy you felt for most of day, on a scale of 1-7, 7 being most

medications).

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

Afternoon								Evening						Nighttime							Morning						
Today's Date	Sleepy?	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	e 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?	
			1																								
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?	