

SLEEP LOG

Please fill out this sleep log every morning within 30 minutes after getting up. Guess the approximate times; do not worry if your figures are not absolutely correct. We are interested in your opinion of how you slept.

Day of the Week							
Date							
Did you take naps yesterday? If yes, give total length of sleep in minutes.							
Did you take sleep medication last night (Give time and amount)?							
When did you turn out your lights, actually trying to sleep?							
How many minutes did it take you to fall asleep last night?							
How many minutes were you awake during last night (Do not count the time it took you to fall asleep initially)?							
How often did you awaken last night?							
How many hours did you sleep last night?							
When did you wake up for the last time this morning?							
When did you get out of bed for the last time this morning?							
Compared with your own average over the last month, how well did you sleep last night? Choose one from the list <b>A</b> below.							
On a more absolute scale, how well did you sleep last night? Choose one from list <b>B</b> below.							
Overall, how refreshing and restorative was your sleep? Choose one from list <b>C</b> below.							

**A**

1. Much worse than my average.
2. Slightly worse than my average.
3. Fairly typical for me.
4. Slightly better than my average.
5. Much better than my average.

**B**

1. Extremely poor sleep-about the worst I can imagine.
2. Poor sleep-I barely rested.
3. Fair sleep-some decent stretches, but still less than satisfactory.
4. Good sleep-sound and restful, but with minor disturbances.
5. Excellent sleep-solid and completely restful.

**C**

1. Not at all restorative-no benefit from my time in bed.
2. Some slight restorative value.
3. Restorative, but not adequately.
4. Relatively satisfactory.
5. Very satisfactory. I feel completely refreshed and ready for the day.