

Sleep Log



Complete your sleep log each day for 1-2 weeks. Fill it in after you've got out of bed in the morning. If you forget to fill in the log leave it blank for that day. If your sleep or daytime activity is affected by some unusual event (such as illness, travel, or an emergency) please make brief notes in the comment section. Don't worry about giving exact times, and you should not check the clock overnight. Just give your best estimate of your sleep when you get up in the morning.

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|---|--|---|---|---|---|---|---|---|
| Date | Eg. 21/2 | | | | | | | |
| What time did you get into bed? | 10:00 pm | | | | | | | |
| Lights out time/what time did you try to go to sleep? | 10:30 pm | | | | | | | |
| Time taken to fall asleep (mins) | 50 mins | | | | | | | |
| Number of awakenings overnight, not counting your final awakening? | 3 | | | | | | | |
| In total how long did these awakenings last (mins)? | 15 mins | | | | | | | |
| What time did you wake up? | 7 am | | | | | | | |
| What time did you get out of bed? | 7:45 am | | | | | | | |
| How long did you sleep all together? | 7.5 hours | | | | | | | |
| How would you rate your quality of sleep? | <input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good | <input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good | <input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good | <input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good | <input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good | <input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good | <input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good | <input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good |
| How refreshed were you on waking? | <input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input checked="" type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested | <input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested | <input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested | <input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested | <input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested | <input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested | <input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested | <input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested |
| How many standard alcoholic drinks did you have yesterday, within 3 hours of bedtime? | 2 drinks | | | | | | | |
| How many caffeinated drinks did you have yesterday, within 3 hours of bedtime? | 1 coffee, 1 tea | | | | | | | |
| What sleep medication did you take to help you sleep last night? | Melatonin 5mg | | | | | | | |
| How many times did you nap or doze yesterday? | 2 | | | | | | | |
| In total, for how long did you nap (mins)? | 60 mins | | | | | | | |
| How much energy did you have yesterday? 0 = none 10 = maximum | 5 | | | | | | | |
| How was your mood yesterday? 0 = very low 10 = excellent mood | 4 | | | | | | | |
| How many minutes of exercise did you do yesterday (mins)? | 20 mins | | | | | | | |
| Comments (if applicable) | Got Covid | | | | | | | |