



**Sleep Centers of Middle Tennessee  
SLEEP LOG**

**NAME:** \_\_\_\_\_  
**WEEK OF:** \_\_\_\_\_

**EXAMPLE**

<b>DATE</b>	<b>1/1/07</b>							
<b>DAY OF THE WEEK</b>	<b>Monday</b>							
1. Yesterday I napped from ___ to ___. Note all naps.	<b>2PM – 3PM</b>							
2. Last night, I took ___ mg of ___, or ___ of alcohol as a sleep aid.	<b>Ambien 10 mg</b>							
3. Last night I turned off the lights and attempted to go to sleep at ___.	<b>11PM</b>							
4. It took me about ___ minutes to fall asleep.	<b>45 min</b>							
5. I woke from sleep ___ times last night.	<b>1</b>							
6. My awakenings lasted ___ minutes. Note all awakenings.	<b>60 min</b>							
7. Today, I woke up for the day at ___.	<b>4AM</b>							
8. Today, I got out of bed at ___.	<b>5AM</b>							
9. I would rate the quality of my sleep last night as: 1=very poor, 2 = poor, 3=fair, 4=good, 5=very good.	<b>2</b>							
10. When I awoke today, I felt: 1=not at all rested, 2=slightly rested, 3=somewhat rested, 4=rested, 5=well rested.	<b>3</b>							