Sleep Log

NAME _____ WEEK OF _____

Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Did you nap?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
How long?							
What time?							
Any caffeine after 6pm?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you eat a heavy meal or snack after 6pm?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Take any sleep medications?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Any screen time one hour before bed?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Were you sleepy during the day?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What time did you wake up?							
How many hours did you sleep?							
How many times did you wake up at night?							
Do you feel you got enough sleep?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Rate your sleep quality:	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆