Name: _____ **WEEKLY SLEEP & WAKE LOG** Date: _____

1. Take the time to fill out this form for last 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 actually began trying to fall asleep** by drawing a down arrow. ↓
3. You will indicate **what time you got up to start your day** with an up arrow. ↑
4. Shade the boxes showing **when you think you were sleeping**. example:
5. If you are awake for more than half an hour, leave that area un-shaded.
6. In the morning, under the "rested" column, mark how rested you felt upon arising that morning, on a scale of 1-7, 1 being most rested.
7. In the evening, under the "sleepy" column, mark how sleepy you felt that day, on a scale of 1-7, with 7 being most sleepy.
8. Before you go to bed indicate by **letter** what times you took (**M**)edications, (**C**)affeine (# of beverages or chocolate pieces), or (**A**)lcohol (# drinks, beers, or ounces), and shade in time for any naps that day.

		Afternoon					*Evening*						*Nighttime*										*Morning*				
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?**