

WENTWORTH HEALTH PARTNERS

SEACOAST PULMONARY MEDICINE WEEKLY SLEEP & WAKE LOG

Name: _____

Date: _____

DOB: _____

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 to 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, on a scale of 1-7, 1 being most rested.
7. In the evening under the “sleepy” column mark how sleepy you felt, on a scale of 1-7, 7 being most sleepy.
8. Before bedtime, indicate by **letter** what times you took (M)edications, (C)affeine (# of beverages or chocolate pieces) or (A)lcohol (# of drinks, beers or ounces), and **shade in time for any naps** that day.

DATE	Sleepy ?	<i>Afternoon</i>					<i>Evening</i>					<i>Night</i>				<i>Morning</i>						Rested ?						
		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		