

Sleep Centers of Middle Tennessee SLEEP LOG

WEEK C	NAME:
)F:	

EXAMPLE

10. When I awoke today, I felt: 1=not at all rested, 2=slightly rested, 3=somewhat rested, 4=rested, 5=well rested.	9. I would rate the quality of my sleep last night as: 1=very poor, 2 = poor, 3=fair, 4=good, 5=very good.	8. Today, I got out of bed at	7. Today, I woke up for the day at	6. My awakenings lasted minutes. Note all awakenings.	5. I woke from sleep times last night.	4. It took me about minutes to fall asleep.	3. Last night I turned off the lights and attempted to go to sleep at	2. Last night, I took mg of, or of alcohol as a sleep aid.	1. Yesterday I napped from to Note all naps.	DAY OF THE WEEK	DATE
သ	20	5AM	4AM	60 min	7	45 min	11PM	Ambien 10 mg	2PM – 3PM	Monday	1/1/07