

# SLEEP QUALITY LOG

Use this worksheet to determine if you are getting adequate sleep each week.

- Time to bed - record the time when you shut off all electronics and shut your eyes.
- Time awake - record the time when you get out of the bed.
- Total the amount of hours slept based on the “time to bed” and “time awake” columns.
- Do you feel well rested? - Put “yes” or “no” in this column.
- Additional comments - record in this space if you felt restless, had a difficult time falling asleep, or woke up in the middle of the night for a task.

Review your results. Are you getting the recommended 7-9 hours each night? Are these hours uninterrupted?

	Time to bed	Time awake	Total hours slept	Do you feel well rested?	Additional comments
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					