

# Sleep Log

Name:

|                                                           |       |                          |
|-----------------------------------------------------------|-------|--------------------------|
| Entry 1                                                   | Date: |                          |
| Time I went to sleep:                                     |       | Time I woke up:          |
| Total hours of sleep                                      |       | Quality of sleep (1-10): |
| Notes on sleep quality and any disturbances:              |       |                          |
| Bedtime routine:                                          |       |                          |
| Factors that may have affected my sleep:                  |       |                          |
| How I felt upon waking up:                                |       |                          |
| Notes on daytime energy levels or any other observations: |       |                          |

|                                              |       |                          |
|----------------------------------------------|-------|--------------------------|
| Entry 2                                      | Date: |                          |
| Time I went to sleep:                        |       | Time I woke up:          |
| Total hours of sleep                         |       | Quality of sleep (1-10): |
| Notes on sleep quality and any disturbances: |       |                          |

**Bedtime routine:**

**Factors that may have affected my sleep:**

**How I felt upon waking up:**

**Notes on daytime energy levels or any other observations:**

**Entry 3**

**Date:**

**Time I went to sleep:**

**Time I woke up:**

**Total hours of sleep**

**Quality of sleep (1-10):**

**Notes on sleep quality and any disturbances:**

**Bedtime routine:**

**Factors that may have affected my sleep:**

**How I felt upon waking up:**

**Notes on daytime energy levels or any other observations:**

|                                                                  |              |                                 |
|------------------------------------------------------------------|--------------|---------------------------------|
| <b>Entry 4</b>                                                   | <b>Date:</b> |                                 |
| <b>Time I went to sleep:</b>                                     |              | <b>Time I woke up:</b>          |
| <b>Total hours of sleep</b>                                      |              | <b>Quality of sleep (1-10):</b> |
| <b>Notes on sleep quality and any disturbances:</b>              |              |                                 |
| <br><br><br><br><br>                                             |              |                                 |
| <b>Bedtime routine:</b>                                          |              |                                 |
| <br><br><br><br><br>                                             |              |                                 |
| <b>Factors that may have affected my sleep:</b>                  |              |                                 |
| <br><br><br><br><br>                                             |              |                                 |
| <b>How I felt upon waking up:</b>                                |              |                                 |
| <br><br><br><br><br>                                             |              |                                 |
| <b>Notes on daytime energy levels or any other observations:</b> |              |                                 |
| <br><br><br><br><br><br><br><br><br><br><br><br><br><br>         |              |                                 |

|                                                     |              |                                 |
|-----------------------------------------------------|--------------|---------------------------------|
| <b>Entry 5</b>                                      | <b>Date:</b> |                                 |
| <b>Time I went to sleep:</b>                        |              | <b>Time I woke up:</b>          |
| <b>Total hours of sleep</b>                         |              | <b>Quality of sleep (1-10):</b> |
| <b>Notes on sleep quality and any disturbances:</b> |              |                                 |
| <br><br><br><br><br>                                |              |                                 |
| <b>Bedtime routine:</b>                             |              |                                 |
| <br><br><br><br><br>                                |              |                                 |

**Factors that may have affected my sleep:**

**How I felt upon waking up:**

**Notes on daytime energy levels or any other observations:**