The HealthPlan
1110 Main St., Wheeling, WV 26003-2704

Sleep Log

Complete this form and share it with your health care provider.

healthplan.org

Name:

COMPLETE IN MORNING

Start date:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:							
I went to bed last night at: (circle AM or PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
I woke up this morning at: (circle AM or PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Last night I fell asleep:							
Difficulty falling asleep	☐	☐	☐	☐	☐	☐	☐
Frequent awakening	☐	☐	☐	☐	☐	☐	☐
Early awakening	☐	☐	☐	☐	☐	☐	☐
I woke up during the night:							
Number of times:							
Last night I slept a total of: (hours)							
My sleep was disturbed by: List mental or physical factors *(i.e. noise/lights, pets, racing thoughts, nightmares, temperature, discomfort, stress, pain, worry, etc.)*							
When I woke up for the day, I felt:							
Wide awake	☐	☐	☐	☐	☐	☐	☐
Alert but tired	☐	☐	☐	☐	☐	☐	☐
Fatigued, no energy	☐	☐	☐	☐	☐	☐	☐
Notes: Record any other factors that may affect your sleep *(i.e. hours of work shift, or monthly cycle for women)*.							

COMPLETE AT THE END OF DAY

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:							
I consumed caffeinated drinks: *(i.e. coffee, tea, soda, chocolate, energy drinks, etc.)* Morning (M), Afternoon (A), Evening (E), N/A (NA)							
M/A/E/NA							
How many?							
I exercised at least 20 minutes: Morning (M), Afternoon (A), Evening (E), N/A (NA)							
M/A/E/NA							
Medications I took today:							
Bedtime Medications:							
Took a nap? (circle one)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If yes, for how long?							
Throughout the day, my mood was... Very pleasant (VP), Pleasant (P), Unpleasant (U), Very unpleasant (VU)							
VP/P/U/VU							
Approximately 2-3 hours before going to bed, I consumed:							
Alcohol	☐	☐	☐	☐	☐	☐	☐
A heavy meal	☐	☐	☐	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐	☐	☐	☐
Not applicable	☐	☐	☐	☐	☐	☐	☐
In the hour before going to sleep, my bedtime routine included: List activities *(i.e. reading a book, using electronics, taking a bath, doing relaxation exercises, etc.)*.							