

## WORKSHEET 1.1: Sleep Log

### Instructions:

1. In the upper left corner, fill in the date of the first day. This will help you keep your weeks in order.
2. Complete this log twice daily—at night (to record your daytime information) and again first thing in the morning (to record your nighttime information).
3. Fill in the days of the week that correspond to the hours of 6 p.m.–midnight, and to midnight–5 p.m.
4. Sleep Cycle: In this row, record information about when you are in bed, when you sleep, and when you wake up. Include both your nighttime sleep and daytime naps. Use this key:
  - ↓ Time(s) you got into bed (at beginning of night, and if you leave and return to bed in middle of night).
  - \* Time you turned the lights out (only mark if different from the time you got into bed).
  - Time you believe you were asleep (use a squiggly line ~~~ to indicate light, fitful sleep).
  - | Middle-of-the-night awakenings.
  - ↑ Time(s) you got out of bed after lights out (including end of sleep period).
5. Medications: In this row, record all prescription and over-the-counter medications, including dose. You can create a key and use abbreviations (for example, m = melatonin; a5 = Ambien 5 mg).
6. C-A-N-E: In this row, record the time and amount of Caffeine, Alcohol, Nicotine, and Exercise. For caffeine and alcohol, list the number of drinks (for example, C2 means two cups of coffee or two Cokes; A3 means three beers in this hour). For nicotine, indicate number of cigarettes or amount of chew. For exercise, indicate number of minutes.
7. Hours Asleep: Record your best estimate of the total number of hours you were asleep *at night* (do not include daytime naps). Include fitful sleep (squiggly line).
8. Hours in Bed: Record your best estimate of the total number of hours you were in bed at night and *attempting to sleep*. For example, do not count time you spent reading in bed at the beginning of the night if this was simply part of your bedtime routine. Do count time spent reading if you were reading because you could not sleep and hoped to fall asleep while reading.
9. Fatigue: Rate the amount of fatigue you experienced on the day that corresponds to Midnight–5 p.m. 0 = No fatigue... 10 = Extreme fatigue.
10. Averages: At the end of the week, calculate and record your averages. (a) Add up your Hours Asleep and divide by the number of nights for which you have this data. Record your average. (b) Do the same for Hours in Bed. (c) Calculate and record your Sleep Efficiency (Average Hours Asleep divided by Average Hours in Bed, multiplied by 100).

Date: \_\_\_\_\_

Day:		Day:													Fatigue (0-10):									
6p	7p	8p	9p	10p	11p	Mid	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	Nn	1p	2p	3p	4p	5p	

HOURS  
ASLEEP IN BED

Sleep Cycle  
Medications  
C-A:NE

Day:		Day:													Fatigue (0-10):									
6p	7p	8p	9p	10p	11p	Mid	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	Nn	1p	2p	3p	4p	5p	

Sleep Cycle  
Medications  
C-A:NE

Day:		Day:													Fatigue (0-10):									
6p	7p	8p	9p	10p	11p	Mid	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	Nn	1p	2p	3p	4p	5p	

Sleep Cycle  
Medications  
C-A:NE

Day:		Day:													Fatigue (0-10):									
6p	7p	8p	9p	10p	11p	Mid	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	Nn	1p	2p	3p	4p	5p	

Sleep Cycle  
Medications  
C-A:NE

Day:		Day:													Fatigue (0-10):									
6p	7p	8p	9p	10p	11p	Mid	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	Nn	1p	2p	3p	4p	5p	

Sleep Cycle  
Medications  
C-A:NE

Day:		Day:													Fatigue (0-10):									
6p	7p	8p	9p	10p	11p	Mid	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	Nn	1p	2p	3p	4p	5p	

Sleep Cycle  
Medications  
C-A:NE

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6p	7p	8p	9p	10p	11p	Mid	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	Nn	1p	2p	3p	4p	5p	

Sleep Cycle  
Medications  
C-A:NE

Weekly Averages:

Average Sleep Efficiency (Hrs Asleep/Hrs in Bed\*100) = \_\_\_\_\_%