

Sleep Log

Name: _____

Entry 1	Date:
Time I want 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 want 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 want 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 4	Date:
Time I want 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:	