



# The Sleep Advisor Weekly Sleep Log

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Instructions: Please fill in the requested information for a 1 - 2 week period, using additional paper as needed. Use this information to help you complete the Sleep Advisor's Self-Assessment.

Answer these questions each morning:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
What did you do during the hour before bed?							
What time did you first try to go to sleep last night?							
About how long did it take you to fall asleep?							
Did you use any sleeping pills or aids / what kind?							
How frequently did you awaken?							
About how long did it take you to get back to sleep?							
Do you remember dreaming?							



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Answer these questions each morning:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Did you have any nightmares?							
What time did you get out of bed this morning?							
How many hours of sleep did you get last night?							
How refreshing was your sleep on a scale of 1 to 5? (where 1= never really slept and 5 = great)							
How did you feel when you got up this morning on a scale of 1 to 5? (where 1 = tired and 5 =rested)							



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Answer these questions each evening:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Did you use alcohol or marijuana today? If so, please note amount and times.							
How sleepy were you during the day on a scale of 1 to 5? (1 = very sleepy, 5 = little or no sleepiness)							
Did you nap today? If so, for how long?							
Did you get any aerobic exercise today? If so, how much?							
Did you have any caffeinated drinks today? If so, please note kind, amount and times.							