



800 East 21st Street
 PO Box 5045
 Sioux Falls, SD 57117-5045
 (605) 322-8000



SLEE LOG

Name: _____ DOB: ____/____/____

Clock time into bed – Write in the time that you first got into bed.

Minutes to fall asleep – Estimate how long it took you to fall asleep from the time you first began trying to sleep.

Total hours slept – Estimate the total amount of sleep you received, excluding wake time during the night and naptime during the day.

Example: Mark your bedtime and any naps with downward arrows ▾ and wake times with upward arrows ▴. If you take a sleep aid, please mark with “S”

Pm					Midnight					Am					Noon					Pm				
6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	
			S	▾								▾										▾		

Clock time into bed: 9:56 Minutes to fall asleep: 20 Total hours slept: 9
 Sleep was: 30 (Scale: 0-Poor/100-Good) Refreshed/Exhausted

Date: _____

Pm					Midnight					Am					Noon					Pm				
6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	

Clock time into bed: _____ Minutes to fall asleep: _____ Total hours slept: _____
 Sleep was: _____ (Scale: 0-Poor/100-Good) Refreshed/Exhausted

Date: _____

Pm					Midnight					Am					Noon					Pm				
6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	

Clock time into bed: _____ Minutes to fall asleep: _____ Total hours slept: _____
 Sleep was: _____ (Scale: 0-Poor/100-Good) Refreshed/Exhausted

Date: _____

Pm					Midnight					Am					Noon					Pm				
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Clock time into bed: _____ Minutes to fall asleep: _____ Total hours slept: _____
 Sleep was: _____ (Scale: 0-Poor/100-Good) Refreshed/Exhausted

Date: _____

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