

WEEK # _____

DATE:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1. Time you got in bed:							
2. Time of lights off:							
3. <i>About</i> how long did it take you to fall asleep? (round to 15 mins)							
4. How many times did you wake up?							
5. <i>About</i> how long were you awake? during the night? (total of all awakenings)							
6. Final wake-up time in the morning:							
7. Time you got out of bed:							
8. TOTAL hrs. ASLEEP: (Time between 3 & 6) Remember to subtract # 5 total!							
9. TOTAL hrs. in bed (TIME ALLOTTED): (Time between 1 & 7)							
10. Alcohol/Herbs/Medication/ Melatonin/Caffeine taken:							
11. Naps Taken During the day:							
Sleep Efficiency: <u>TOTAL SLEEP #8 (divide by)</u> (Goal: 90%-95%) TIME ALLOTTED #9							