Sleep Log

Symptom	Day I	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Difficulty falling asleep—takes more than 10 minutes (how many minutes)							
Waking up throughout the night (how many times)							
Waking up earlier than intended (how early)							
How many hours of sleep total?							
How long was your longest consecutive period of sleep?							
Did you have trouble staying awake during the day?							
Time you went to bed/Time you got out of bed							

