SLEEP LOG

1 WEEK RECORD

START DATE: _____

END DATE: _____

DAILY SLEEP LOG

PROJECT NO. _____ M□T□W□T□F□S PHASE: _____ DATE: _____

SECTION 01: NIGHT SEQUENCE (TIMESTAMPS)

TIME I WENT TO BED: [____]	APPROX. TIME FELL ASLEEP: [_____]
NO. OF TIMES WOKE UP: [__]	TIME WOKE UP FOR GOOD: [_____]
USED: [PHONE] [TV] [TABLET]	ESTIMATED SLEEP HOURS: [____] hrs

SECTION 02: REST & NAP METRICS

HOW RESTED I FELT: (LOW) 1 2 3 4 5 (HIGH)

NAPS DURING THE DAY: ☐ YES ☐ NO DURATION: [____] mins

SECTION 03: EXTERNAL VARIABLES (FACTORS)

☐ CAFFEINE ☐ EXERCISE ☐ STRESS ☐ UNUSUAL CIRCUMSTANCES

SECTION 04: FIELD NOTES & OBSERVATIONS

Notes

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