

# Sleep Log

## Instructions



*Thank you for your participation in the Health Benefits Services sleep education class. During this class you completed a sleep quality questionnaire and you received a log. Here is how you log your sleep with confidence!*

If any unusual events occur on a given night (e.g., emergencies, phone calls) please make a note of it on the log (at the bottom of the sheet).

**Below are some guidelines to help you complete the Sleep Log.**

- Napping:** Please include any time you slept during the day, even if you didn't intend to fall asleep. For instance, if you fell asleep for 10 minutes during lunch, please write this down. Remember to specify a.m. or p.m.
- Sleep Medication:** Includes both prescribed and over-the-counter medications. Only include medications used as a sleep aid.
- Alcohol as a sleep aid:** Only include alcohol that you used as a sleep aid.
- Bedtime:** This is when you physically got into bed with the intent of going to sleep. For instance, if you went to bed at 9:30 p.m. but you turned the lamp off at 10:15 p.m., write down 9:30 p.m.
- Lights-Out Time:** This is the time you actually turned the lights out to go to sleep.
- Time Planned to Awaken:** This is the time you plan to get up the following morning.
- Sleep-Onset Latency:** Provide your best estimate of how long it took you to fall asleep after you turned the lights off to go to sleep.
- Number of Awakenings:** This is the number of times you remember waking up during the night.
- Duration of Awakenings:** Please estimate how many minutes you spent awake for each awakening. You may have to estimate the number of minutes you spent awake for all awakenings combined. **Don't** include your very last awakening in the morning, as this will be logged in number 10.
- Morning Awakening:** This is the very last time you woke up in the morning. If you woke up at 4:00 a.m. and never went back to sleep, this is the time you write down. However, if you woke up at 4:00 a.m. but went back to sleep briefly for 10 minutes, then your last awakening would be 4:10 a.m.
- Out-of-Bed Time:** This is the time you actually got out of bed for the day.
- Restedness upon Arising:** Rate your restedness using the scale on the log sheet.
- Sleep Quality:** Rate the quality of your sleep using the scale on the log sheet.

# Sleep Log

Adapted from "IBHC Improving Sleep through Behavior Change"

Name: \_\_\_\_\_

Week: \_\_\_\_\_ to \_\_\_\_\_  
(Beginning date) (Ending date)

**It is very important that you complete the log every evening and morning and remember; your best estimate is sufficient.**

In order to better understand your sleep issues and to assess your progress during the next few weeks, it is a good idea to collect some information about your sleep habits.

1. Before you go to sleep at night, please answer Questions 1 - 6.
2. After you get up in the morning, please answer the remaining questions, Questions 7 - 13.



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HEALTH AND EMPLOYEE BENEFITS POOL

Sleep Details	EXAMPLE DAY	SUN	MON	TUE	WED	THUR	FRI	SAT
1. I napped from _____ to _____ (note times of ALL naps).	12pm - 1:15pm							
2. I took _____ mg of sleep medication as a sleep aid.	ProSom 1mg							
3. I drank _____ oz of alcohol as a sleep aid.	Wine 9oz							
4. I went to bed at _____ (indicate a.m. or p.m.).	11:10pm							
5. I turned the lights out at _____ (indicate a.m. or p.m.).	11:05pm							
6. I plan to awaken at _____ (indicate a.m. or p.m.).	6:45am							
7. After turning the lights out, I fell asleep in _____ minutes.	5							
8. My sleep was interrupted _____ times (specify the number of awakenings).	3							
9. My sleep was interrupted for _____ minutes (specify the duration of each awakenings).	5, 6, 5							
10. I woke up at _____ (indicate a.m. or p.m. and note this is the time of the last awakening).	6:52am							
11. I got out of bed at _____ (indicate a.m. or p.m.).	7:15am							
12. Overall, my sleep last night was _____. (1 = Very Restless 2 = Restless 3 = Average, 4 = Sound, 5 = Very Sound)	3							
13. When I got up this morning, I felt _____. (1 = Exhausted, 2 = Tired, 3 = Average, 4 = Rather Refreshed, 5 = Very Refreshed)	2							

# Sleep Questionnaire

- 1. I have been told that I snore, gasp or quit breathing during my sleep, even though I do not remember.
- 2. I have high blood pressure.
- 3. I have woken up with my heart pounding or having skipped a beat during the night.
- 4. I frequently feel sleepy during the day, even though I sleep well at night.
- 5. I often awaken with a dry mouth.
- 6. I frequently awaken with headaches.
- 7. I have almost fallen asleep while driving or at work.
- 8. I have "sleep attacks" where I fall asleep even though I fight it.
- 9. I see vivid, dreamlike images when waking up or falling asleep.
- 10. I have suddenly fallen asleep when angered, surprised, saddened or scared.
- 11. I have awakened to find that for several seconds, I could not move.
- 12. I often take greater than 30 minutes to fall asleep.
- 13. I awaken during the night and have difficulty returning to sleep.
- 14. I wake up earlier in the morning than I would like to.
- 15. Thoughts often race through my mind and prevent me from falling asleep.
- 16. I often feel sad and depressed.
- 17. I have problems falling asleep during the week, but sleep well during weekends and while on vacation.
- 18. I have awakened with heartburn or a sour taste in my mouth.
- 19. I use antacids frequently or stomach trouble.
- 20. I have been told that my arms or legs jerk or kick during the night.
- 21. I often feel a "creepy crawl" sensation in my legs when lying in bed.
- 22. I often wake up with leg cramps in the night and have to walk around to relieve them.
- 23. I am bothered by recurrent frightening or bad dreams.
- 24. I am told that I frequently walk, talk or grind my teeth during my sleep.

If you answered YES to two or more statements in questions **1 to 8**, then you may have SLEEP APNEA, an often severe disorder in which persons often stop breathing hundreds of times during the night.

If you answered YES to two or more questions numbered **8 to 11**, then you may have NARCOLEPSY, a lifelong medical disorder characterized by uncontrollable sleep attacks during the day.

If you answered YES to two or more questions numbered **12 to 17**, then you may have a problem with INSOMNIA, an inability to fall or stay asleep.

If you answered YES to questions **18 and 19**, then you may have GASTRIC REFLUX, a disorder in which stomach acid rises in the throat and disrupts nighttime sleep.

If you answered YES to question **20, 21 or 22**, you may have NOCTURNAL MYOCLONUS, a disorder of repetitive muscle activity that disrupts nighttime sleep.

If you answered YES to either question **23 or 24**, you may have a PARASOMNIA, which includes sleepwalking, sleeptalking, nightmares, night-terrors and grinding of the teeth.