

# BEHAVIORAL SLEEP LOG

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

Week Starting: \_\_\_\_\_

DATE	BEDTIME	WAKE TIME	LATENCY (MIN)	QUALITY (1-5)	PRE-SLEEP BEHAVIORS	NOTES / OBSERVATIONS
------	---------	--------------	------------------	------------------	------------------------	-------------------------

## Quality Scale:

1: Very Poor / Restless

5: Excellent / Deep

## Behavior Codes:

S: Screen usage (TV/Phone)

C: Caffeine intake

E: Exercise < 3hrs before bed

## Latency:

Estimated minutes it took  
to fall asleep after lights out.