

# WEEKLY SLEEP LOG

Month/Year: \_\_\_\_\_

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

Total Hours Goal: \_\_\_\_\_

DATE	TIME TO BED	TIME AWAKE	TOTAL HOURS	QUALITY (1-5)	NAP MINS	NOTES (MEDICATION, CAFFEINE, STRESS)
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**Quality Scale:**

- 1 - Very Poor
- 2 - Restless
- 3 - Average
- 4 - Good
- 5 - Excellent

**Weekly Summary / Physician Comments:**