

SLEEP INTERFERENCE LOG

Tracking Period: _____ to _____

Subject Name: _____

FACTOR / DAY	MON	TUE	WED	THU	FRI	SAT	SUN
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Bedtime / Wake
Time

Caffeine (PM)

Alcohol Intake

Screen Use
(1hr before bed)

Stress Level
(1-10 Scale)

Environmental
Noise

Room Temp
(Hot/Cold/OK)

Middle of Night
Arousal Count

Restfulness
(Poor/Avg/Great)

QUALITATIVE OBSERVATIONS & SYMPTOMS

This log is for personal identification of patterns only. Consult a medical professional for sleep disorder diagnosis.