

SLEEP PATTERN LOG

Week of: _____

Day	Time to Bed	Time Asleep	Woke Up	Out of Bed	Total Hours	Quality (1-5)	Notes (Caffeine, Exercise, Stress)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Sleep Quality Scale:

1 - Very Poor / Restless

5 - Excellent / Refreshed

Common Factors to Note:

☒ Alcohol / Caffeine intake times

☒ Screen time before bed

☒ Evening exercise

Weekly Summary:

Average Sleep: _____ hrs

Average Quality: _____ / 5