

BHP Bluegrass Health Psychology, Inc.

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SLEEP LOG for Name: _____

Measuring the Pattern of Your Sleep:

Date:							
What time did you rise from bed this morning?							
At what time did you go to bed last night?							
How long did it take you to fall asleep (in minutes)?							
How many times did you awake during the night?							
How long were you awake during the night total?							
About how long did you sleep total (hrs/mins)?							
How many sleeping pills did you take to help you sleep?							

Measuring the Quality of Your Sleep:

On the scale below, how well did you feel this morning? (not well at all) 0 1 2 3 4 (Very Well)							
On the scale below, how enjoyable was your sleep last night? (not enjoyable at all) 0 1 2 3 4 (very enjoyable)							