

Sleep Log

Name

Night 1

Date: _____

Time to Bed: _____

Time to Rise: _____

Number of Stimuli Heard: _____

Number of Frank Awakenings: _____

Number of Frank Awakenings Per Non-Test Night : _____

Sleep Quality (from worst - best using scale of 1 -5) : _____

Comments: _____

Initials: _____

Night 2

Date: _____

Time to Bed: _____

Time to Rise: _____

Number of Stimuli Heard: _____

Number of Frank Awakenings: _____

Sleep Quality (from worst - best using scale of 1 -5) : _____

Comments: _____

Initials: _____

Night 3

Date: _____

Time to Bed: _____

Time to Rise: _____

Number of Stimuli Heard: _____

Number of Frank Awakenings: _____

Sleep Quality (from worst - best using scale of 1 -5) : _____

Comments: _____

Initials: _____

Night 4

Date: _____

Time to Bed: _____

Time to Rise: _____

Number of Stimuli Heard: _____

Number of Frank Awakenings: _____

Sleep Quality (from worst - best using scale of 1 -5) : _____

Comments: _____

Initials: _____

Night 5

Date: _____

Time to Bed: _____

Time to Rise: _____

Number of Stimuli Heard: _____

Number of Frank Awakenings: _____

Sleep Quality (from worst - best using scale of 1 -5) : _____

Comments: _____

Initials: _____