Weekly Sleep Log

Name:_____

Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What time did you go to bed?							
What time did you turn the lights out to go to sleep?							
How long did it take you to fall asleep? (½, 1, 2 hours.)							
What was your final wake up time this morning?							
What time did you get out of bed?							
How many hours did you sleep last night?							
Sleep medication (indicate dose):							

MCKINNEY
PSYCHOLOGY