

Sleep Log

Name: _____

Two weeks starting: _____

Date	Bedtime	Wake time	Hours	Quality 1-5	Last caffeine	Screens off	Notes (waking, dreams, naps)
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Average hours a night: _____

Nights I woke up: _____

What I notice

What I will try next

Sleep need differs from person to person, so the sheet names no number of hours. If you are tired every day, or snore and wake up gasping, show the log to your doctor.