First and Last Name: _____

UCSF Osher Center for Integrative Health

*SLEEP LOG: Date Range __ / ___ / ___ to ___ / ___ / ____*

Wake Time: _____

Please complete this form each morning when you wake up.

Bed Time: _____

| **Day of the Week – Write In at Top** | **Example:** *Mon* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Yesterday I napped from ___ to ___ (time range of all naps). If you didn't nap, write "No nap." | *2:30-3:15 p.m.* | | | | | | | |
| 2. Last night I took ___ mg of ___ Last night / yesterday I drank ___ ounces of alcohol (include time if possible). | *5 mg Ambien* | | | | | | | |
| 3a. Last night I got into bed at ___ (a.m. or p.m.). | *11:00 p.m.* | | | | | | | |
| 3b. Last night I turned off the lights and tried to fall asleep at ___ (a.m. or p.m.). | *11:40 p.m.* | | | | | | | |
| 4. After I turned off the lights, it took me about ___ minutes to fall asleep. | *75 min* | | | | | | | |
| 5. I woke up from sleep ___ times. (Do not count when you finally woke up here.) | *3 times* | | | | | | | |
| 6. My arousals lasted ___ minutes. (List each arousal separately.) | *25 min*<br>*40 min*<br>*10 min* | | | | | | | |
| 7. Today I woke up at ___ (a.m. or p.m.). (Note: this is when you finally woke up.) | *6:30 a.m.* | | | | | | | |
| 8. Today I got out of bed for the day at ___ (a.m. or p.m.). | *6:45 a.m.* | | | | | | | |
| 9. I would rate the quality of last night's sleep as 1 = very poor, 2 = poor, 3 = fair, 4 = good, or 5 = excellent. | *3* | | | | | | | |