

Name: \_\_\_\_\_

## Weekly Sleep Log

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?							
<u>About</u> how long did it take you to fall asleep? (1/2, 1, 2 hours, etc.)							
How many times did you wake up last night?							
<u>About</u> how long were you awake during the night? (total time of all awakenings) (1/2, 1, 2 hours, etc.)							
What was your final wake up time this morning?							
What time did you get out of bed?							
About how many hours did you sleep last night?							
Sleep medications (indicate dose):							

## Record your negative and positive sleep thoughts (NSTs & PSTs)

	Negative Sleep Thoughts	Positive Sleep Thoughts
<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		
<b>THURSDAY</b>		
<b>FRIDAY</b>		
<b>SATURDAY</b>		
<b>SUNDAY</b>		

### Goals this week:

- 1.
- 2.
- 3.
- 4.
- 5.