This Sleep Log is part of a series of patient materials to support conversations with your doctor or nurse.

HOW ARE YOU SLEEPING?

Each day, tick the number that best describes your sleep the night before. Do this every week for a month.
Use the space to note anything that may have affected your sleep.
Then, talk to your healthcare team.

① VERY BAD

Broken, poor quality sleep with frequent disturbances; leaving you feeling very tired or with poor levels of concentration.

② FAIRLY BAD

Lack of sleep, moderate disturbances/nightmares; leaving you feeling generally tired with some difficulty concentrating.

③ FAIRLY GOOD

Enough sleep, possible minor disturbances/ nightmares; enabling you to feel moderately refreshed and alert.

④ VERY GOOD

Enough sleep, without disturbances/nightmares; enabling you to generally feel refreshed and alert.

WEEK STARTING: _____ **NOTES...**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
① ② ③ ④	① ② ③ ④	① ② ③ ④	① ② ③ ④

FRIDAY	SATURDAY	SUNDAY
① ② ③ ④	① ② ③ ④	① ② ③ ④

WEEK STARTING: _____ **NOTES...**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
① ② ③ ④	① ② ③ ④	① ② ③ ④	① ② ③ ④

FRIDAY	SATURDAY	SUNDAY
① ② ③ ④	① ② ③ ④	① ② ③ ④

WEEK STARTING: _____ **NOTES...**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
① ② ③ ④	① ② ③ ④	① ② ③ ④	① ② ③ ④

FRIDAY	SATURDAY	SUNDAY
① ② ③ ④	① ② ③ ④	① ② ③ ④

WEEK STARTING: _____ **NOTES...**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
① ② ③ ④	① ② ③ ④	① ② ③ ④	① ② ③ ④

FRIDAY	SATURDAY	SUNDAY
① ② ③ ④	① ② ③ ④	① ② ③ ④

WEEK STARTING: _____ **NOTES...**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
① ② ③ ④	① ② ③ ④	① ② ③ ④	① ② ③ ④

FRIDAY	SATURDAY	SUNDAY
① ② ③ ④	① ② ③ ④	① ② ③ ④

MONTHLY SLEEP QUALITY:

SLEEP QUALITY	① VERY BAD	② FAIRLY BAD	③ FAIRLY GOOD	④ VERY GOOD
NO. OF DAYS				

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Creating Possible