About Last Night…

Mo. ( )	Bed-time	Up at:	Est. hrs. sleep:	Naps (no./time)	Date and Circumstances of Notable Sleep Interruptions • Alcohol, caffeine or medications (incl. meds that make you drowsy) • Type of interruption (i.e. night sweats, chills, worries) • Suspected underlying cause (child care, noises, snoring, etc.)
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Self-Assessment

Total nights with sleep interruption(s) _____ No. of times sleep was interrupted on consecutive nights _____

Suspected cause(s): _____

_____

_____

Possible corrective actions: _____

For more info on using this sleep log or to print add'l copies please visit the blog section of www.isbh360.org