

Hope Recovery, PO Box 411, Clinton, IN 47842 Phone: (765) 505-8908

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## **Monthly Sleep Log**

For rating your sleep, please track this in increments of 15 minutes where 15 minutes = 0.25, 30 minutes = 0.50, and 45 minutes = .75.

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#Total Number of Hours Slept Last Night																															
DAYS of the MONTH	1	2	3	4	5	6	7	8	9	1 0	1	1 2	1	1	1 5	1 6	1 7	1	1 9	2	2	2 2	2	2	2 5	2	2 7	2 8	2 9	3	3
What time did you turn off the lights?																															
What time did you wake up?																															
#How many times did you wake up?																															
Total time awake last night?																															
#How many times did you get out of bed last night?																															
# How many nightmares did you have last night?																															
DAYS of the MONTH	1	2	3	4	5	6	7	8	9	1 0	1	1 2	1	1	1 5	1 6	1 7	1	1 9	2	2	2 2	2	2	2 5	2	2 7	2	2 9	3	3
#How many caffeinated drinks did you have?																															
#How many alcoholic drinks did you have?																															
#How many naps did you have?																															
How sleepy did you feel today? 1-Exhausted 2-Tired 3-Fairly Alert 4-Alert																															

Notes: