

## Sleep Log

Please fill this out for the previous day and night no more than 3 hours after waking.  
The information can be an estimate when necessary.



NAME \_\_\_\_\_ WEEK OF \_\_\_\_\_

DAY	SUN	MON	TUES	WED	THURS	FRI	SAT
Did you nap?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For how long?	mins.	mins.	mins.	mins.	mins.	mins.	mins.
At what time?							
Did you have any caffeine* after 6pm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you drink alcohol after 6pm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you use nicotine after 6pm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you eat a heavy meal or snack after 6pm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you take any sleeping medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What medication?							
Amount							
At what time?							
Were you sleepy during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NIGHT</b>							
What time did you turn off the lights to go to sleep?							
What time did you wake up?							
How many total hours did you sleep?							
How many times did you wake up in the night?							
Rate the quality of your sleep:	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
Do you feel you got enough sleep?							

\* Caffeine = coffee, tea, caffeinated soda, chocolate, energy drinks, certain medications.



Download the sleep log using the QR code or visit <https://www.sleepfoundation.org/wp-content/uploads/2020/12/SleepFoundation-SleepLog.pdf>

## What can you do if you cannot sleep?

If your sleep problems continue or if they interfere with how you feel or function during the day, you should talk to your doctor. Before visiting your doctor, keep a log of your sleep habits for about ten days.

Include the following in your sleep log:

- When you go to bed.
- When you go to sleep.
- When you wake up.
- When you get out of bed.
- When you take naps.
- When you exercise.

## References:

Adult health sleep - mayo clinic. (n.d.). Retrieved January 6, 2023, from <https://www.mayoclinic.org/healthy-lifestyle/adult-health/basics/sleep/hlv-20049421>

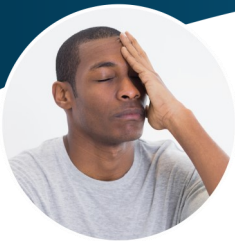
Centers for Disease Control and Prevention. (2022, September 13). *Basics about sleep*. Centers for Disease Control and Prevention. Retrieved January 6, 2023, from [https://www.cdc.gov/sleep/about\\_sleep/index.html](https://www.cdc.gov/sleep/about_sleep/index.html)

This brochure is intended to promote healthy habits. It is not intended as a substitute for medical advice or professional care. Before making changes to your diet or exercise, consult your health care provider.



➤ **Improve** Your Sleep Quality!





## Sleep

Getting a good night's sleep can be difficult. Work and family responsibilities and commitments often can take priority over sleep. Understanding the effects of lack of sleep on your health allows you to make healthier choices.

## How Much Sleep is Needed?

How much sleep you need changes as you age.

Age Group		Recommended Hours of Sleep Per Day
Newborn	0–3 months	14–17 hours (National Sleep Foundation) No recommendation (American Academy of Sleep Medicine)
Infant	4–12 months	12–16 hours per 24 hours (including naps)
Toddler	1–2 years	11–14 hours per 24 hours (including naps)
Preschool	3–5 years	10–13 hours per 24 hours (including naps)
School Age	6–12 years	9–12 hours per 24 hours
Teen	13–18 years	8–10 hours per 24 hours
Adult	18–60 years	7 or more hours per night
	61–64 years	7–9 hours
	65 years and older	7–8 hours

Besides the amount of sleep you get every day, there are other aspects about your sleep that play a part in your health and wellbeing. Good sleep quality is vital.

### Signs of Poor Sleep Quality:

- Not feeling rested even after getting enough sleep
- Repeatedly waking up during the night
- Experiencing symptoms of sleep disorders (such as snoring or gasping for air)

You can improve sleep quality by practicing better sleep habits or being diagnosed and treated for any sleep disorder you may have.

## Steps to Better Sleep



### Create a sleep schedule.

Plan to sleep no more than eight hours a day – at least seven hours of sleep is the recommended amount for a healthy adult.



### Be mindful of what you eat and drink.

Do not go to bed hungry or stuffed. Avoid heavy or large meals within a couple of hours of bedtime as the discomfort might keep you awake.



### Create a restful environment.

Too much light in the evenings may make it more difficult to fall asleep. Try to keep your room cool, dark, and quiet at bedtime. Try using room-darkening shades, earplugs, a fan, or other devices to produce an environment that suits your needs.



### Reduce daytime naps.

Limit naps to no more than one hour and try not to nap too late in the day. Long daytime naps can interfere with nighttime sleep.



### Incorporate physical activity in your daily routine.

Consistent physical activity can support better sleep. Nevertheless, try to reduce being active too close to bedtime.



### Manage worries.

Try to resolve your worries or concerns before bedtime. Stress management might be beneficial. Try getting organized, setting priorities, and assigning tasks.

Incorporate physical activity



Be mindful of what you eat



Manage your worries



## Sleep Disorders

### Insomnia

Insomnia is characterized by an inability to initiate or maintain sleep. It can make it difficult to fall asleep, to stay asleep, or can cause you to wake up too early and not be able to get back to sleep. In addition, you may still feel tired when you wake up. Difficulty initiating or maintaining sleep may often manifest itself as excessive daytime sleepiness, which can drain your energy, mood and cause issues with your health, work performance and quality of life.

### Narcolepsy

Narcolepsy is a chronic sleep disorder characterized by overwhelming daytime drowsiness and sudden attacks of sleep. The unexpected muscle weakness in narcolepsy may be caused by strong emotion or surprise. Individuals with narcolepsy sometimes find it difficult to stay awake for long periods of time, regardless of the situations, such as walking and other forms of physical activity.

### Sleep Apnea

Sleep apnea can be a serious sleep disorder in which breathing repeatedly stops and starts. Individuals with sleep apnea characteristically make periodic gasping or “snorting” noises, during which their sleep is momentarily interrupted. These individuals may also experience excessive daytime sleepiness because their sleep is normally interrupted.

