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My Sleep Log

One week, filled in each morning · goes with the free CBT-I guide, How to Finally Sleep



Fill in one column each morning, within an hour of getting up. Never during the night. Guesses are fine: this log needs your best estimate, not exact minutes. Log at least 7 nights before you change anything.

DAY							
Date (this morning)							
ABOUT LAST NIGHT							
1 Time I got into bed							
2 Time I tried to fall asleep *Lights out, eyes closed.*							
3 How long it took to fall asleep *Your best guess. Don't check the clock.*	min	min	min	min	min	min	min
4 Times I woke up in the night *Not counting the last time.*							
5 Total time awake in the night *All those wakings added up. A guess is fine.*	min	min	min	min	min	min	min
6 Got out of bed, couldn't sleep *How many times. That's the plan working.*							
7 Time I woke up for the last time							
8 Time I got out of bed for the day *Same time every day, even after a bad night.*							
9 Sleep quality *1 very poor, 5 very good. Circle one.*	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
ABOUT YESTERDAY							
10 Naps or dozing off *How many, and minutes in all.*							
11 Caffeine *How many, and time of the last one.*							
12 Alcohol *How many, and time of the last one.*							
13 Sleep medicine or aid *What, how much, what time.*							
WORK IT OUT LATER (SEE THE BACK)							
Time in bed *Hours from line 1 to line 8.*							
Time asleep *Hours from line 2 to line 7, then take away lines 3 and 5. Steps on the back.*							

- **Turn the clock away from the bed.** Checking the time keeps your mind on the clock and makes sleep harder.[3]
- **Bed is for sleep and sex only.** No phone, TV or lying there worrying.
- **Go to bed when sleepy,** not just tired, and not before your set bedtime.
- **A bad night still goes on the log.** It's information, not a grade.

HOW TO WORK OUT YOUR NUMBERS

Example morning. One column filled in.

1. Got into bed	**10:30 pm**
2. Tried to fall asleep	**10:45 pm**
3. Took to fall asleep	**40 min**
4. Woke up in the night	**2 times**
5. Awake in the night	**60 min**
7. Last woke up	**5:15 am**
8. Got out of bed	**6:30 am**

Crossing midnight? Count to midnight, then add the rest: 10:45 pm to midnight is 1 hr 15 min, plus 5 hr 15 min to 5:15 am, makes 6 hr 30 min.

Time in bed. Count the hours and minutes from when you got into bed (line 1) to when you got out of bed for the day (line 8).

10:30 pm to 6:30 am = 8 hr

Time asleep takes three steps.

1. Count from when you tried to fall asleep (line 2) to when you woke up for the last time (line 7).
   10:45 pm to 5:15 am = 6 hr 30 min
2. Take away how long it took to fall asleep (line 3).
   6 hr 30 min − 40 min = 5 hr 50 min
3. Take away the time you were awake in the night (line 5). What is left is your time asleep.
   5 hr 50 min − 60 min = **4 hr 50 min**

At the end of the week

Add up your time in bed for the week and divide by the number of nights you logged. Do the same for time asleep. Then divide average time asleep by average time in bed and multiply by 100. That is your **sleep efficiency**: how much of your time in bed you spent asleep.[1,2]

Example: 5 hr 30 min asleep out of 8 hours in bed. 5.5 ÷ 8 × 100 = **69%**: about two and a half hours a night lying awake.

Average time in bed: _____ Average time asleep: _____ Sleep efficiency: _____ %

WHAT TO DO WITH YOUR NUMBER (STEP 3 OF THE CBT-I GUIDE)

90% or more	Move your bedtime 15 minutes earlier next week.
85 to 89%	Keep the same window. Two steady weeks and still sleepy in the day? Add 15 minutes.
Under 85%	Move your bedtime 15 minutes later. Never set your window under 5 hours.

Your wake time never moves; only bedtime does. Go by the number, not by how tired you feel.[2,5] **Holding at 85% or more but under 7 hours in bed?** Most adults need at least 7,[6] so try 15 minutes more. Keep it if your number holds; go back if it drops below 85%.

Before you shorten your time in bed

Expect to feel sleepier during the day at first. Don't drive or use machinery while drowsy.[4]

Talk to a doctor first if you have bipolar disorder, seizures, sleep apnea (or loud snoring with gasping or pauses in breathing), a high risk of falling, or a job where sleepiness is dangerous.[2]

Never stop a prescribed sleep medicine on your own. Ask the person who prescribed it.

Bring this log to your sessions if you are working with someone on your sleep. Free CBT-I guide: omnipsyche.org/bettersleep.

Sources: 1. Carney CE, et al. The Consensus Sleep Diary. Sleep. 2012;35:287-302. 2. Perlis ML, Jungquist C, Smith MT, Posner D. Cognitive Behavioral Treatment of Insomnia: A Session-by-Session Guide. Springer; 2005. 3. Tang NK, Schmidt DA, Harvey AG. J Behav Ther Exp Psychiatry. 2007;38:40-55. 4. Kyle SD, et al. Sleep. 2014;37:229-37. 5. Edinger JD, et al. J Clin Sleep Med. 2021;17:255-62. 6. Watson NF, et al. Sleep. 2015;38:843-4.

Michael C. Shedrick, M.S., PLPC, NCC. This log is for educational purposes only. It is not medical advice and does not replace care from your doctor, prescriber or therapist. **In crisis?** Call or text 988 (Suicide and Crisis Lifeline), any time.