

SLEEP LOG

Time I went to bed: _____

Approximate time it took me to fall asleep: _____

How many times did I awaken during the night? _____

Pain level at bedtime: _____

Pain level in the morning: _____

Time I got out of bed: _____

Number of hours I slept: _____

On a scale of one to ten how was my sleep quality last night? _____

On a scale of one to ten how refreshed did I feel this morning? _____

Did I take any herbs or medicines to help me sleep? They are: _____

Did I nap, practice relaxation, pain management techniques or stress management techniques yesterday? They were: _____

Is there anything else that I feel affected my sleep positively or negatively last night?
