**FaithWorks Counseling**
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# Weekly Sleep Log

**Name:** _____ **Week of:** _____

| Day | Bedtime | Fell Asleep Time | Wake Time | Sleep Quality (scale 0–10) | Total Sleep Hours | Naps (Time/Length) | Notes (mood, dreams, meds, screentime before bed, etc.) |
|---|---|---|---|---|---|---|---|
| Mon. | | | | | | | |
| Tue. | | | | | | | |
| Wed. | | | | | | | |
| Thu. | | | | | | | |
| Fri. | | | | | | | |
| Sat. | | | | | | | |
| Sun. | | | | | | | |

**Instructionst:**

1. Fill out this log **every morning**, as soon as you wake up.
2. Be honest—this is to help identify habits, not judge them.
3. Use the **Notes** column to write anything that might have affected your sleep, for example:
    - Took/not took meds
    - Caffeine or alcohol use
    - Phone or screen use before bed
    - Stressors or emotional state
    - Nightmares or waking during the night