

Sleep Log

Name: _____

Date: _____

Time	Asleep or Awake?	If awake, why? (spontaneous, turning, changing, etc.)	Intervention? (gave prn medication, music, back rub, etc.)	How long was he/she awake?	Initials
1900					
1930					
2000					
2030					
2100					
2130					
2200					
2230					
0000					
0030					
0100					
0130					
0200					
0230					
0300					
0330					
0400					
0430					
0500					
0530					
0600					
0630					
0700					
0730					
0800					
0830					
0900					

Name/Title

Initials

Stamp Plate