

USC Center for
Work & Family Life Sleep Log

Week # _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time you went to bed							
Time you woke up							
Quality of sleep Scale 1-10 1= very poor 10=excellent							
Did you wake up? If Yes how many time? How long were you awake?							
Water How much water did you drink before sleep?							
Caffeine/Alcohol How much caffeine did you have? How much alcohol did you have?							

For more information feel free to call CWFL at (213) 821-0800 or visit www.usc.edu/worklife