



SLEEP HYGIENE LOG

The purpose of this log is to assess the person's night time behaviour and sleep patterns for 7 days. From _____ to _____
 Use the "Keys" at right to record the person's activity and the care given during your shift. (date) (date)

Person's Name and Identification or CARDEX stamp

Day 1		TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500		1600	1700	1800	1900	2000	2100	2200	2300		2400	0100	0200	0300	0400	0500	0600				
Date:	ASLEEP																														✓ if Asleep	
Caregiver initials:	AWAKE																														✓ if Awake	
	ACTIVITY																															
	CARE																															
Day 2		TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500		1600	1700	1800	1900	2000	2100	2200	2300		2400	0100	0200	0300	0400	0500	0600				
Date:	ASLEEP																														PERSON'S ACTIVITY	KEY
Caregiver initials:	AWAKE																														Awake in bed	1
	ACTIVITY																														Going to bathroom	2
	CARE																														Up in room	3
																															Up in Lounge	4
																															Up in Hall	5
Day 3		TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500		1600	1700	1800	1900	2000	2100	2200	2300		2400	0100	0200	0300	0400	0500	0600				
Date:	ASLEEP																														List other Activities:	
Caregiver initials:	AWAKE																															6
	ACTIVITY																															7
	CARE																															8
																																9
																																10
Day 4		TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500		1600	1700	1800	1900	2000	2100	2200	2300		2400	0100	0200	0300	0400	0500	0600				
Date:	ASLEEP																															
Caregiver initials:	AWAKE																															
	ACTIVITY																															
	CARE																															
Day 5		TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500		1600	1700	1800	1900	2000	2100	2200	2300		2400	0100	0200	0300	0400	0500	0600				
Date:	ASLEEP																														Reorient	O
Caregiver initials:	AWAKE																														Sedation	S
	ACTIVITY																														Fluids/ food offered	F
	CARE																														Toilet / Change brief	T
																															Reposition	R
																															Pain Medication	P
Day 6		TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500		1600	1700	1800	1900	2000	2100	2200	2300		2400	0100	0200	0300	0400	0500	0600				
Date:	ASLEEP																															
Caregiver initials:	AWAKE																															
	ACTIVITY																														List Other Care Given:	
	CARE																															
Day 7		TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500		1600	1700	1800	1900	2000	2100	2200	2300		2400	0100	0200	0300	0400	0500	0600				
Date:	ASLEEP																															
Caregiver initials:	AWAKE																															
	ACTIVITY																															
	CARE																															