



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																														PERSON'S ACTIVITY	KEY
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																													Awake in bed	1	
	AWAKE																													Going to bathroom	2	
Caregiver initials:	ACTIVITY																													Up in room	3	
	CARE																													Up in Lounge	4	
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																													Up in Hall	5	
	AWAKE																													<u>List other Activities:</u>		
Caregiver initials:	ACTIVITY																														6	
	CARE																														7	
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																														8	
	AWAKE																														9	
Caregiver initials:	ACTIVITY																														10	
	CARE																													CARE GIVEN	KEY	
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	
	AWAKE																													Sedation	S	
Caregiver initials:	ACTIVITY																													Fluids/ food offered	F	
	CARE																													Toilet / Change brief	T	
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																													Reposition	R	
	AWAKE																													Pain Medication	P	
Caregiver initials:	ACTIVITY																													<u>List Other Care Given:</u>		
	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																															
	AWAKE																															
Caregiver initials:	ACTIVITY																															
	CARE																															