

# Sleep Efficiency Sheet

Please complete upon awakening for total recall.



Name: \_\_\_\_\_

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
WEEK # _____	Date: _____							
What sleep prep ritual, meds or induction procedure did you use?								
What time did you go to bed? "Lights out" time for sleep?	<b>A</b> <b>B</b>							
About how long did it take you to fall asleep (rounded to ¼ hour)?	<b>C</b>							
How many times did you wake up during the night?	<b>D</b>							
About how long were you awake during the night (total time of awakenings rounded to ¼ hour)?	<b>E</b>							
Final wake up time? When did you get out of bed?	<b>F</b> <b>G</b>							
What was your total <u>Time in Bed</u> ? [B until G]	<b>H</b>							
What was your <u>Total Sleep Time</u> ? [B until G – (C + E)]	<b>I</b>							
How refreshing was your sleep? Poor Fair Good Excellent 1 2 3 4 5 6 7 8 9 10								
<b>Sleep Efficiency (SE)</b> <b>SE = <math>\frac{I}{H} \times 100</math></b> <b>H (TIB)</b>	=	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %