

SLEEP EFFICIENCY SHEET

Please complete upon awakening
for total recall.



Name: _____ Day: _____ Date: _____

- A. What time did you go to bed last night?
- B. When was "lights out" and readiness for sleep?
- C. About how long did it take you to first fall asleep?
[estimate and circle: (¼) (½) (¾) (1) (1¼) (1½) (1¾) (2) () hours]
- D. How many times did you wake up during the night?
[total # awakenings: (1) (2) (3) (4) (5) (6) () times]
- E. After initial sleep, about how long were you awake last night?
[estimate total time awake: (¼) (½) (¾) (1) (1¼) (1½) (1¾) (2) () hours]
- F. What was your final wake up time?
- G. What time did you get out of bed?
- H. What was your total Time in Bed (B until G)?
- I. What was your Total Sleep Time [B until G – (C + E)]?
- J. What sleep preparation, ritual, induction or meds did you use?
- K. How would you rate the refreshing quality of your sleep last night?
(please circle a number below)

Poor		Fair			Good		Excellent		
1	2	3	4	5	6	7	8	9	10

$$\text{Sleep Efficiency} = \frac{\text{(I) Total Sleep Time (TST)}}{\text{(H) Time in Bed (TIB)}} \times 100 = \text{_____ \% SE}$$