



15-Night Sleep Study Logbook

5 baseline nights + 10 study nights

Participant ID: _____ Study start: November 1, 2026

How to use this worksheet

- Use this PDF as an optional personal worksheet. Your official study entries should still be submitted through the online Nightly Sleep Log.
- **Baseline:** Record at least 5 normal nights before November 1. Do not use the official Sleep Sound Study audio during baseline nights.
- **Study:** Beginning November 1, use the same official YouTube study audio each study night. Aim for at least 6 hours of playback when your normal sleep schedule allows it.
- Keep your normal prescribed medications, CPAP use, and other care unchanged. This project is non-medical and is not a substitute for medical advice, diagnosis, or treatment.
- If you use a sleep tracker, record only the values it actually provides. Leave unavailable fields blank rather than estimating.

Suggested core measurements: bedtime, wake time, total sleep time, awakenings, morning rested score (1-10), sleep quality (1-10), and optional tracker metrics such as sleep score, deep sleep, REM, and light/core sleep.

Quick reference

Measure	What to record
Total sleep time	Your best estimate or the value reported by your tracker.
Awakenings	Number of times you remember waking, if known.
Rested score	1 = exhausted; 10 = extremely rested.
Sleep quality	1 = very poor; 10 = excellent.
Tracker values	Enter only metrics your device reports; "N/A" is fine.

Baseline Nights

Complete at least 5 normal nights before November 1. Do not use the study audio.

Night / Date	Bedtime	Wake	Total Sleep	Awakenings	Rested 1-10	Quality 1-10	Tracker / Score
Baseline 1 Date: _____	_____	_____	___ h ___ m	_____	___	___	Device: _____ Score: _____
Baseline 2 Date: _____	_____	_____	___ h ___ m	_____	___	___	Device: _____ Score: _____
Baseline 3 Date: _____	_____	_____	___ h ___ m	_____	___	___	Device: _____ Score: _____
Baseline 4 Date: _____	_____	_____	___ h ___ m	_____	___	___	Device: _____ Score: _____
Baseline 5 Date: _____	_____	_____	___ h ___ m	_____	___	___	Device: _____ Score: _____

Optional tracker details

Night	Deep Sleep	REM Sleep	Light/Core	Notes / anything unusual
Baseline 1	_____	_____	_____	
Baseline 2	_____	_____	_____	
Baseline 3	_____	_____	_____	
Baseline 4	_____	_____	_____	
Baseline 5	_____	_____	_____	

Do not enter medication names, diagnoses, or private medical information in the notes.

Study Nights 1-5

Use the official Sleep Sound Study YouTube audio and keep your normal sleep routine otherwise unchanged.

Night / Date	Bedtime	Wake	Total Sleep	Awakenings	Rested 1-10	Quality 1-10	Audio Hrs
Study 1 Date: _____	_____	_____	___ h ___ m	_____	___	___	___
Study 2 Date: _____	_____	_____	___ h ___ m	_____	___	___	___
Study 3 Date: _____	_____	_____	___ h ___ m	_____	___	___	___
Study 4 Date: _____	_____	_____	___ h ___ m	_____	___	___	___
Study 5 Date: _____	_____	_____	___ h ___ m	_____	___	___	___

Optional tracker + playback details

Night	Tracker / Score	Deep	REM	Light/Core	Playback setup / interruption / notes
Study 1	Device: _____ Score: _____	_____	_____	_____	
Study 2	Device: _____ Score: _____	_____	_____	_____	
Study 3	Device: _____ Score: _____	_____	_____	_____	
Study 4	Device: _____ Score: _____	_____	_____	_____	
Study 5	Device: _____ Score: _____	_____	_____	_____	

Playback setup examples: headphones, sleep headband, speakers, TV, phone. Note interruptions only if they occurred.

Study Nights 6-10

Use the official Sleep Sound Study YouTube audio and keep your normal sleep routine otherwise unchanged.

Night / Date	Bedtime	Wake	Total Sleep	Awakenings	Rested 1-10	Quality 1-10	Audio Hrs
Study 6 Date: _____	_____	_____	___ h ___ m	_____	___	___	___
Study 7 Date: _____	_____	_____	___ h ___ m	_____	___	___	___
Study 8 Date: _____	_____	_____	___ h ___ m	_____	___	___	___
Study 9 Date: _____	_____	_____	___ h ___ m	_____	___	___	___
Study 10 Date: _____	_____	_____	___ h ___ m	_____	___	___	___

Optional tracker + playback details

Night	Tracker / Score	Deep	REM	Light/Core	Playback setup / interruption / notes
Study 6	Device: _____ Score: _____	_____	_____	_____	
Study 7	Device: _____ Score: _____	_____	_____	_____	
Study 8	Device: _____ Score: _____	_____	_____	_____	
Study 9	Device: _____ Score: _____	_____	_____	_____	
Study 10	Device: _____ Score: _____	_____	_____	_____	

Playback setup examples: headphones, sleep headband, speakers, TV, phone. Note interruptions only if they occurred.