Patient Name:

Rec#

Date Printed:

## Two Week Sleep Diary

Please begin this diary two weeks before your appointment date.

1. Please fill in the first 3 boxes with Date, Day of Week and Day Type: (Work, School, Day off or Vacation).

2. Use a letter "C" to mark the box under the times you drink any caffeine throughout the day. Use the letter "M" for

times you take medication. Use the letter "A" if you drink any alcoholic beverages. Use the letter "E" for exercise.

3. Draw a line ( | ) to show the time you go to bed. Start shading in the box where you think you fell asleep.

4. All sleep time boxes should be shaded in, even for naps.

5. All times when you're awake, at night or during the day, should be left unshaded.

Please bring this diary, along with the completed questionnaires to your appointment.

	Date	Day Of Week	Type Of Day Work, School, Off, Vacation	Noon	1PM	2PM	ЗРМ	4PM	5PM	Md9	7PM	8PM	Mde	10PM	11PM	Midnight	1AM	2AM	3AM	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM
	Example	Fri.	Off								Α		I								М	E	С				
Week 1																											
																											<u> </u>
Week 2																											

