TWO WEEK SLEEP DIARY

INSTRUCTIONS:

1. Write the date, day of the week and type of day: (W)ork, (S)chool, (O)ff or (V)acation.
2. Put the letter "C" in the box when you have any caffeinated beverage or supplement that includes caffeine. Put "M" when you take ANY Medication. Put "A" when you drink alcohol. Put "E" when you exercise.
3. Put a line (I) to show when you get in bed. Shade in the box that shows when you think you fell asleep.
4. Shade in all the boxes that show when you are asleep include all naps.
5. Rate your sleep quality (**1** = Very Restless, **2** = Restless, **3** = Average, **4** = Sound, **5** = Very Sound) & morning restedness (**1** = Exhausted, **2** = Tired, **3** = Average, **4** = Rather Refreshed, **5** = Very Refreshed)

SAMPLE ENTRY: *On Monday when I worked, I jogged on my lunch break at 1 PM, had a glass of wine with dinner at 6 PM, fell asleep Watching TV from 7-8 PM, went to bed at 10:30 pm, fell asleep around midnight, woke up and couldn't get back to sleep until about 5 am, slept from 5-7 am, got out of bed at 7:30 am and had coffee and medicine before going to work.*

Date	Day of the week	Type of Day	Quality/ Restedness	Noon	1PM	2	3	4	5	6PM	7	8	9	10	11PM	Midnight	1AM	2	3	4	5	6AM	7	8	9	10	11AM
XX/XX	Mon	W	2/1		E					A				I									I	C M			

WEEK ONE

WEEK TWO
