



## Two Week Patient Sleep Diary

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

Start Date: \_\_\_\_\_

**Instructions:** Complete these logs in the morning and the evening. Do not complete them during the night. Write additional comments on the back. Bring these logs with you for your appointment or mail them to your doctor.

1. Leave the boxes **BLANK** to show when you are awake.
2. **SHADE** or color the boxes to show when you are asleep.
3. **ARROW DOWN** ↓ when you lie down to sleep.
4. **ARROW UP** ↑ when you wake up (include naps).
5. **"M"** for meals; **"S"** for snacks, **"C"** for caffeine, **"A"** for alcohol.
6. Include notes below each week or on the back.

### Example

	6am	8am	10am	NOON	2pm	4pm	6pm	8pm	10pm	Midnight	2am	4am	5am
2/14/2009		↑C		↓M				AS	↓			↑S↓	

### First Week

	6am	8am	10am	NOON	2pm	4pm	6pm	8pm	10pm	Midnight	2am	4am	5am

### Second Week

	6am	8am	10am	NOON	2pm	4pm	6pm	8pm	10pm	Midnight	2am	4am	5am

