Rocky Mountain
SLEEP DISORDERS CENTER INC.

TWO WEEK SLEEP DIARY

Name: _____

INSTRUCTIONS:

- Write the date, day of the week, and type of day: Work, School, Day Off, or Vacation.
- Put "C" in the box when you have coffee, cola or tea. Put "M" when you take any medicine. Put "A" when you drink alcohol. Put "E" when you exercise.
- Put a vertical line (|) to show when you go to bed. Shade in the box that shows when you think you fell asleep.
- Shade in all the boxes that show when you are asleep at night or when you take a nap during the day.
- Leave boxes unshaded to show when you wake up at night and when you are awake during the day.

SAMPLE: *On a 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 to 8 PM, went to bed at 10:30 PM, fell asleep around Midnight, woke up and couldn't got back to sleep at about 4 AM, went back to sleep from 5 to 7 AM, and had coffee and medicine at 7 AM.*

Date	Day of Week	Type of Day (Work, School, Day Off, Vacation)	Noon	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	Midnight	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM
Sample	Mon.	Work		E					A				|								C M				

Week 1

Week 2