

TWO-WEEK SLEEP DIARY

NAME: _____ DOB: _____

1. Answer the questions in the shaded areas.
2. Draw a line through the times you were asleep.
3. Put downward-pointing arrows (↓) at the times you went to bed and upward-pointing arrows (↑) at the times you got up.
 1 = Poor 2 = Fair 3 = Good

Date	I took a sleeping pill		(Each tick mark represents 1 hour)												Rate your level of daytime alertness (1-3)	I took a nap (if yes, indicate time of nap and length. If no, leave blank)		Rate your mood today (1-3)		
	YES	NO	12 AM	11 PM	10 PM	9 PM	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM		9 AM	Time		Length	
Example		N		↓			↑			↓		↑				4:00 PM	45 min	2		
Night 1																				
Night 2																				
Night 3																				
Night 4																				
Night 5																				
Night 6																				
Night 7																				
Night 8																				
Night 9																				
Night 10																				
Night 11																				
Night 12																				
Night 13																				
Night 14																				