TWO-WEEK SLEEP DIARY

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		
		I took a sleeping pill																	Rate your quality of sleep	Rate your level of daytime alertness	I took a nap *(If yes, indicate time of nap and length. If no, leave blank.)*		Rate your mood today
Date		YES	NO	9:00 PM	10 PM	11 PM	Midnight	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9:00 AM			(1-3)	(1-3)	Time	Length	(1-3)
	Example		N			↓				↑		↓		↑					1	2	4 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																						