RESPIRATORY CONSULTANTS
OF GEORGIA

TWO WEEK SLEEP DIARY

INSTRUCTIONS:

1. Fill in the date and the day of the week and Type of day: Work, School, Day Off, or Vaccation.
2. Place the letter "C" in the box when you have coffee, cola, tea or other cafinated beverage. Put "A" when you dring alcohol. Put "E" when you exercise.
3. Place an arrow down (↓) to show when you go to bed. Shade in the box when you think you are asleep and use slash marks (//) when you are tired.
4. Place an arrow pointing upward (↑) when you get out of bed.
5. Indicate if you used a sleep aide with the word "Yes" or "No" if you didn't.
6. Indicate how you woke up. ("**Naturally**", with an "**Alarm**" or with "**Other**" stimulus such as baby crying, garbage truck out side etc.)

Sample Entry: Monday, work day, exercised during lunch hour, had wine with dinner, fell asleep in front of TV at 7pm, went to bed at 10 pm, read for an hour, felt sleepy, fell asleep around midnight, woke at 3am, not tired but stayed in bed. Woke at 6 am, felt sleepy until about 9 am, had coffee at 6am. No sleep aide, woke by alarm clock.

DATE	DAY OF THE WEEK	TYPE OF DAY	NOON	1:00 PM	2	3	4	5	6:00 PM	7	8	9	10	11:00 PM	Midnight	1:00 AM	2	3	4	5	6:00 AM	7	8	9	10	11:00AM	DID YOU TAKE A SLEEP AIDE	HOW DID YOU WAKE
Sample	*MON*	*WORK*		*E*	*///////*				*A*				↓	*///////*							↑	*//C//*	*///////*				*No*	*Alarm*