2 week sleep diary Please rate your: Sleep quality /100 Daytime alertness /100					Please complete the boxes as described here:										exercise				E	medication		1	M	alcoho	r	A(2)Please record number of standard drinks		
					Waking in the morning						W		Going to bed at Sleeping in bed (I	Nap	Nap		IIII	Food/ snacks	ſ	=			
Daytime	Rising from bed in a.m.					R		IIII	Sleeping in bed (awa			(awa						ay)	≣	Caffeine (coffee/ Cola/ete	'							
					Work hours						Toilet visits					Т	Unintentional daytime sleep			///	4							
Day of the week	date	midday	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	midnight	0100	00700	0300	0400	0200	0090	0200	0800	0060	1000	1100am	Rate sleep quality	Rate daytime alertness /100	Rate daytime functioning /100
Fr		F	_		/// C				A2	F	Т	Ш	Ш	Ш	Ш	IIIT		Ш	Ш	W	RT CM	E						
Veek 2																												

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