

2 week sleep diary						Please complete the boxes as described here:										exercise			E	medication			M	alcohol		A(2)Please record number of standard drinks				
Please rate your: Sleep quality /100 Daytime alertness /100 Daytime functioning /100						Waking in the morning						W		Going to bed at night					I	Nap					IIII	Food/ snacks		F		
						Rising from bed in a.m.						R		Sleeping in bed (home)					IIII IIII	Sleeping in bed (away)					IIII IIII	Caffeine (coffee/ Cola/etc)		C		
						Work hours						I		Toilet visits					T	Unintentional daytime sleep					///		Rate sleep quality /100	Rate daytime alertness /100	Rate daytime functioning /100	
Day of the week		date		midday		1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	midnight	0100	0200	0300	0400	0500	0600	0700	0800	0900				1000
Fr		F	I	I	/// C				A2	F	T	IIII	IIII	IIII	IIII	IIIT		IIII	IIII	W	RT CM	E								