



Two-Week Sleep Diary

This tool is intended to help you keep track of your sleeping habits. Make sure you share this information with your healthcare provider. Together, you can review your progress and make sure you're getting the most out of your treatment plan.

| Day / Date | Type of Day | 6 AM | 7 AM | 8 AM | 9 AM | 10 AM | 11 AM | 12 PM | 1 PM | 2 PM | 3 PM | 4 PM | 5 PM | 6 PM | 7 PM | 8 PM | 9 PM | 10 PM | 11 PM | 12 AM | 1 AM | 2 AM | 3 AM | 4 AM | 5 AM | TOTAL TIME SLEPT |
|------------|-------------|------|------|------|------|-------|-------|-------|------|------|------|------|------|------|------|------|------|-------|-------|-------|------|------|------|------|------|------------------|
| Su, 5/3 | Wkend | | | | | | | | E | E | | | | | | | | | | X | | | | | | 9 |
| M, 5/4 | Work | | C | | C/M | C | | | C | | | | | E | | M | | | X | | | | | | | 8 |
| T, 5/5 | Work | | C | | C/M | C | | | C | | | | | | | | | | X | | | | | | | 6 |
| W, 5/6 | Work | | | | | | | | | | | | | E | | | | | X | | | | | | | 5 |
| Th, 5/7 | Work | C | | | C/M | C | | | C | | | | | E | | M | | | | | X | | | | | 5 |
| F, 5/8 | Work | C | | | | | | | | | | | | | A | A | A | A | | | | | X | | | 3 |
| Sa, 5/9 | Wkend | | | | | C/M | | | | | | | | | | A | A | A | M | X | | | | | | 10 |
| Su, 5/10 | Wkend | | | | | C/M | | | | | | | | | | | | | X | | | | | | | 11 |
| M, 5/11 | Work | | | C | C/M | | | | | E | E | | | | | | | X | | | | | | | | 8 |
| T, 5/12 | Work | | C | | C/M | C | | | C | | | | | | | | | X | | | | | | | | 8 |
| W, 5/12 | Work | | C | | C/M | C | | | C | | | | | E | | | | X | | | | | | | | 7 |
| Th, 5/14 | Work | | C | | C/M | C | | | C | | | | | | | | | | X | | | | | | | 8 |
| F, 5/15 | Work | | C | | | C/M | | | C | | | | | E | | | | | | | X | | | | | 6 |
| Sa, 5/16 | Wkend | | | | | C/M | | | A | A | | | | | A | A | A | | | X | | | | | | 10 |

To Fill Out Your Sleep Diary:

- Write the day of the week and date in the first box (ex: Monday, 6/12).
- Write the type of day in the second box (ex: Work, School, Day Off, Vacation).
- Place an "X" in the box indicating the time you went to bed.
- Shade in the boxes indicating the hours you think you were asleep during the day and at night. Leave boxes unshaded to show when you were awake.
- Total the number of hours you estimate you slept during the day in the far right column.
- Indicate other relevant events during the day as follows:
 - Mark a letter "C" in the box to indicate the time(s) when you consumed caffeine.
 - Mark a letter "M" in the box to indicate the time(s) when you took medication (prescribed or over-the-counter).
 - Mark a letter "A" in the box to indicate the time(s) when you consumed alcohol.
 - Mark a letter "E" in the box to indicate the time(s) when you exercised.

My sleep target:
_____ hours/day

