

SLEEP MANAGEMENT INSTITUTE

Two Week Sleep Diary

Patient Name: _____

DOB: _____ Date: _____

Keys to Symbols

- ↓ = In Bed (Tried to Sleep)
- ↑ = Out Of Bed
- = Asleep
- / = Brief Awakening

- S** = Sedative
- M** = Other Medication
- A** = Alcohol
- X** = Exercise
- D** = Excessive Drowsiness

| SAMPLE | DAY | DATE | MN | 1am | 2am | 3am | 4am | 5am | 6am | 7am | 8am | 9am | 10am | 11am | NOON | 1pm | 2pm | 3pm | 4pm | 5pm | 6pm | 7pm | 8pm | 9pm | 10pm | 11pm | |
|--------|------|-----------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|---|
| | M | 3/23 | — / / — ↑ | | | | | | | | | | M | X | X | | M | D | — | | M | | | | | S | ↓ |
| T | 3/24 | — / / / ↑ | | | | | | | | | | — | | X | | | | D | — | — | | M | | A | A | ↓ | — |

| DAY | DAY | DATE | MN | 1am | 2am | 3am | 4am | 5am | 6am | 7am | 8am | 9am | 10am | 11am | NOON | 1pm | 2pm | 3pm | 4pm | 5pm | 6pm | 7pm | 8pm | 9pm | 10pm | 11pm | |
|-----|-----|------|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|--|
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Directions on Reverse Side

OVER →

Each Day, Do The Following:

- 1) Write the day and date.
- 2) Draw an arrow pointing down (↓) at the time that you tried to go to sleep.
- 3) Draw a horizontal line (—) at the time that you were asleep, including naps.
- 4) Draw a slash (/) through the horizontal line for each brief awakening.
- 5) Draw an arrow pointing up (↑) at the time that you got out of bed.
- 6) Mark the times that you took a sedative or sleeping pill with a “**S**”.
- 7) Mark the times that you took other medication with a “**M**”.
- 8) Mark the times that you consumed alcohol with an “**A**”.
- 9) Mark the times that you exercised with a “**X**”.
- 10) Mark the times that you experienced excessive drowsiness or sleepiness with a “**D**”.