14 Day Sleep Diary

Date	Did you use anything to help you sleep?	What did you eat 1 hour before bedtime?	How concerned are you about your ability to sleep? (1-3)	How many naps did you take today?	Did you have any caffeine after noon?	8 PM	9 PM	10 PM	11 PM	12 PM	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	How many hours in bed?	Total hours of sleep	Rate the quality of your sleep. (1-3)	If you were awake, what did you do? (Watch TV.. eat, worry, read?)
Example	NO	Chips	2	1	No			↓	—	—	—	—	↑		↓	—	—	↑		8	6	1	Read.

INSTRUCTIONS:

1. Draw a down arrow (↓) at the times you went to bed ---- and an up arrow (↑) at the times you got up.
2. Draw a line through the times you were asleep.
3. When rating "*concerned about sleeping*" ---1 is very concerned 3 is the least concerned
4. When rating "*quality of sleep*" ------ 1 is very poor sleep 3 is very good sleep
5. The example night shows: into bed at 10:30 p.m. --- Asleep from 11 p.m. to 3 a.m. --- Up from bed at 3:30 a.m.
   Into bed at 5:30 a.m. --- Asleep from 6 a.m. to 8 a.m. --- Up for the day at 8:30 a.m.