

Please note these instructions you received with the program:

When submitting this diary, it must be typed in this same one-page Word document. To do this, enter quantitative data only (using 12-hour clock time, not 24-hour military time; e.g. 11:00 pm, not 23:00), save the diary, and email it as an attachment. Please do not include comments, questions, your history, or other information in your sleep diary email.

If you include comments with your diary, or it is not typed, you will not receive a response to your diary.

Name: _____

Weekly Sleep Log

Date:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|--------|---------|-----------|----------|--------|----------|--------|
| What time did you go to bed? | | | | | | | |
| What time did you turn the lights out to go to sleep? | | | | | | | |
| <u>About</u> how long did it take you to fall asleep? (1/2, 1, 2 hours, etc.) | | | | | | | |
| How many times did you wake up last night? | | | | | | | |
| <u>About</u> how long were you awake during the night? (total time of all awakenings) (1/2, 1, 2 hours, etc.) | | | | | | | |
| What was your final wake up time this morning? | | | | | | | |
| What time did you get out of bed? | | | | | | | |
| About how many hours did you sleep last night? | | | | | | | |
| Sleep medications (indicate dose): | | | | | | | |

