

## ERLANGER NEUROLOGY AND SLEEP DISORDERS TWO WEEK SLEEP DIARY



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INSTRUCTIONS: Write the date, day of the week, and type of day.	Name:								
Put "C" in boxes when you had caffeine (coffee, cola or tea).									
Put "M" when you took any medicine.	Date:	Date of Birth:							
Put "A" when you drank alcohol.									
Put "B" in the box to show when you went to bed.									
Put "Z" in all boxes to show when you slept (at night or napping during the day).									
Leave hoves empty to show when you was awake at night									

\*Sample Below: Monday I worked. At noon I took my medicine and had caffeine. At 3pm I took a nap. At 6pm I had caffeine. 9pm I took my medicine then went to bed at 10pm. I fell asleep at about 11pm. I woke up at 3am, but fell back asleep around 4am. I woke up and got out of bed at 6am and had caffeine at 8am.

	Date	Day of the Week	Type of Day (work, school, day off)	10:00 AM	11:00 AM	Noon	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM	8:00 PM	9:00 PM	10:00 PM	11:00 PM	Midnight	1:00 AM	2:00 AM	3:00 AM	4:00 AM	5:00 AM	6:00 AM	7:00 AM	8:00 AM	9:00 AM
	sample	Mon	work			M/C			Z			С			М	В	Z	Z	Z	Z		Z	Z			С	
WEEK 1																											
EEK 2																											
WE																											