The | Le Royal

Mental Health - Care & Research
Santé mentale - Soins et recherche

The Royal's Sleep Disorders Clinic

2-WEEK SLEEP/WAKE DIARY

To help is to evaluate your sleep problem, please fill in one column each day for two weeks.

WEEK #1	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Did you nap yesterday? If yes, how many times and estimated length of each nap.							
List any medications that you took yesterday (including herbal meds and vitamins), Also list any alcohol, nicotine, or caffeine intake within 6 hours of bedtime (don't forget, chocolate and cola contain caffeine!)							
Time getting into bed last night?							
Time of lights out?							
Estimated time to fall asleep?							
Estimate the number of awakenings you had. If you know, indicate what woke you up.							
What time did you get out of bed?							
Estimate the total number of hours of slept all night.							
Rate the quality of your sleep from 1 to 10. 1=poor 10= excellent							
Indicate any problems that may have affected your sleep (asthma attack, nightmare, stress, etc.)							

Name: ______________________________ Date: ______________