ERLANGER NORTH SLEEP DISORDERS CENTER

628 Morrison Springs Road, Suite 300 Annex
Chattanooga, TN 37415
Phone 423-778-3316 Fax 423-778-3485

2021 ACCREDITED Facility Member

TWO WEEK SLEEP DIARY

INSTRUCTIONS: Write the date, day of the week, and type of day.
Put **"C"** in boxes when you had caffeine (coffee, cola or tea).
Put **"M"** when you took any medicine.
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 boxes 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			C			M	B	Z	Z	Z	Z		Z	Z			C	
WEEK 1																											
WEEK 2																											