



ANNAPOLIS *Sleep* SPECIALISTS

2-Week Sleep Diary

Name _____ Date _____ Age _____ Sex _____

DIRECTIONS

Place down arrows (↓) at the times you went to bed and up arrows (↑) at the times you got up.

Draw a line through the times you were asleep

Rate the quality of your sleep and the level of daytime alertness using this scale

- 1 = Poor
- 2 = Fair
- 3 = Good

Date	Night	9:00 pm	Midnight	3:00 am	6:00 am	9:00 am	Quality of sleep (1-3)	Level of daytime alertness (1-3)
1/27	<i>Example</i>		↓			↑	2	2
	Night 1							
	Night 2							
	Night 3							
	Night 4							
	Night 5							
	Night 6							
	Night 7							
	Night 8							
	Night 9							
	Night 10							
	Night 11							
	Night 12							
	Night 13							
	Night 14							



Annapolis Sleep Specialists | Annapolis Asthma, Pulmonary & Sleep Specialists

AAMC Health Sciences Pavilion
2000 Medical Parkway, Suite 607
Annapolis, Maryland 21401
410 -266-1644

www.annapolisleepmedicine.com
www.annapolispulmonary.com