

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Activity Symbols	
<b>A</b> - each alcoholic drink	<b>D</b> - noise (disturbed sleep)
<b>C</b> - caffeinated drink, coffee, tea, Cola, chocolate	<b>S</b> - snack
<b>M</b> - meal	<b>X</b> - exercise
<b>P</b> - sleeping pill or tranquilizer	<b>N</b> - nap

INSTRUCTIONS
Take this diary with you and fill in activities according to the symbols.
Please use example below as a reference.

Sleep Time Symbols	
<b>B</b>	Go to bed
<b>T</b>	Toilet
<b>U</b>	Get out of bed
<b>I</b>	Sleeping time.
<b>W</b>	Wake up

**This diary is to be used for 7 days prior to coming to the Sleep Lab**

<i>Example</i>	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am
Activity				M C		N	N	N		CM AT														
Sleep Time														B P	I	I	I	I	U T	I	I	I	I	W
	Lights out at <u>10 pm</u> am pm										Total sleep time <u>6</u> hours					Total time in bed: <u>10</u> hours								

Day 1	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am
Activity																								
Sleep Time																								
	Lights out at _____ am pm										Total sleep time _____ hours					Total time in bed: _____ hours								

Day 2	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am
Activity																								
Sleep Time																								
	Lights out at _____ am pm										Total sleep time _____ hours					Total time in bed: _____ hours								

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Day 3	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	
Activity																									
Sleep Time																									
Lights out at _____ am pm      Total sleep time _____ hours      Total time in bed: _____ hours																									

Day 4	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	
Activity																									
Sleep Time																									
Lights out at _____ am pm      Total sleep time _____ hours      Total time in bed: _____ hours																									

Day 5	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	
Activity																									
Sleep Time																									
Lights out at _____ am pm      Total sleep time _____ hours      Total time in bed: _____ hours																									

Day 6	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	
Activity																									
Sleep Time																									
Lights out at _____ am pm      Total sleep time _____ hours      Total time in bed: _____ hours																									

Day 7	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	
Activity																									
Sleep Time																									
Lights out at _____ am pm      Total sleep time _____ hours      Total time in bed: _____ hours																									