

# WEEKLY SLEEP DIARY

When filling out this diary, enter numbers only (**using standard clock time, not military time**), save the diary, and email it as an attachment.

Do **NOT** include comments, questions, your history, or other information in your sleep diary email.

Please save this diary on your computer. At the end of each week of your program, fill it in and e-mail it to: [sleep@rdpcn.com](mailto:sleep@rdpcn.com)

You will receive individualized sleep scheduling guidelines within 72 hours of your e-mail (excluding statutory holidays)

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

Week _____	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Date:</b>							
What time did you go to bed?							
What time did you turn the lights out to go to sleep?							
<u>About</u> how long did it take you to fall asleep? <i>(1/2, 1, 2 hours, etc.)</i>							
How many times did you wake up last night?							
<u>About</u> how long were you awake during the night?? <i>(total time of all awakenings) (1/2, 1, 2 hours, etc.)</i>							
What was your final wake up time this morning?							
What time did you get out of bed?							
About how many hours did you sleep last night?							
Sleep medications <i>(indicate dose in milligrams):</i>							

The Red Deer PCN SLEEP team.