



NAME: _____



Vancouver Sleep Disorders Center ~ Week Sleep Diary

A division of Vancouver Neurologists, P.S.

COMPLETE IN THE MORNING

Fill out days with day of the week and date.	Put a downward arrow (↓) where you went to sleep and an upward arrow (↑) where you woke up. Then draw a line from point to point.																								Rate the quality of your sleep: (1 - 10) <small>1 being the lowest quality and 10 the highest quality</small>	Medication(s) I took during the day: <small>(list the name (s))</small>									
	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10PM	11PM	12AM	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10AM	11AM	12PM											
EXAMPLE DAY <u>Monday</u> DATE <u>2/05/08</u>					NAP ↓↑							↓	—————										↑											1 2 3 4 5 6 7 8 9 10	Aspirin
DAY 1 DAY _____ DATE _____																																			
DAY 2 DAY _____ DATE _____																																			
DAY 3 DAY _____ DATE _____																																			



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DAY 4 DAY _____ DATE _____																										_____	_____
DAY 5 DAY _____ DATE _____																										_____	_____
DAY 6 DAY _____ DATE _____																										_____	_____
DAY 7 DAY _____ DATE _____																										_____	_____