



## Two-Week Sleep Diary



This tool is intended to help you to keep track of your sleeping habits. Make sure you share this information with your healthcare provider.

Together, you can review your progress and make sure you're getting the most out of your treatment plan.

### For more information:

- University of Michigan Depression Center
- 1-800-475-MICH or 734-936-4400
- <http://www.depressioncenter.org/toolkit>

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Date	6 am	7 am	8 am	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	Total time slept
5/3								E	E										X						9
5/4				C/M	C			C								M		X							8
5/5				C/M	C			C					E					X							6
5/6																		X							5
5/7		C		C/M	C								E			M				X					5
5/8		C											E			A						X			3
5/9						C/M								A	A	A	A								10
5/10						C/M									A	A	A		X						11
5/11				C/M					E	E							X								8
5/12				C/M		C											X								8
5/13				C/M		C											X								7
5/14				C/M		C												X							8
5/15																				X					6
5/16															A	A	A		X						10

**To fill out your sleep diary:**

1. Write the date in the first box (ex: 5/12).
2. Place an "X" in the box indicating the time you went to bed.
3. Shade in the boxes indicating the hours you think you were asleep during the day and night. Leave boxes unshaded to show when you were awake.
4. Total the number of hours you estimate you slept during the day in the far right column.
5. Indicate other relevant events during the day as follows:
  - a. Mark a letter "C" in the box to indicate the time(s) when you consumed caffeine.
  - b. Mark a letter "M" in the box to indicate the time(s) when you took any medication (prescribed or over-the-counter)
  - c. Mark a letter "A" in the box to indicate the time(s) when you consumed alcohol.
  - d. Mark a letter "E" in the box to indicate the time(s) when you exercised.

**My sleep target:**

7-8 hours/day