# 2-Week Sleep-Wake Diary - Biology of Sleep

Name: _____  Start Date: _____

Age: _____  Pack ID# 9 (optional): _____

| Time of Day | Day of the week (Mon, Tues, Weds, Thurs, Fri, Sat, Sun) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MIDNIGHT** | | | | | | | | | | | | | | |
| 1:00 AM | | | | | | | | | | | | | | |
| 2:00 AM | | | | | | | | | | | | | | |
| 3:00 AM | | | | | | | | | | | | | | |
| 4:00 AM | | | | | | | | | | | | | | |
| 5:00 AM | | | | | | | | | | | | | | |
| 6:00 AM | | | | | | | | | | | | | | |
| 7:00 AM | | | | | | | | | | | | | | |
| 8:00 AM | | | | | | | | | | | | | | |
| 9:00 AM | | | | | | | | | | | | | | |
| 10:00 AM | | | | | | | | | | | | | | |
| 11:00 AM | | | | | | | | | | | | | | |
| **NOON** | | | | | | | | | | | | | | |
| 1:00 PM | | | | | | | | | | | | | | |
| 2:00 PM | | | | | | | | | | | | | | |
| 3:00 PM | | | | | | | | | | | | | | |
| 4:00 PM | | | | | | | | | | | | | | |
| 5:00 PM | | | | | | | | | | | | | | |
| 6:00 PM | | | | | | | | | | | | | | |
| 7:00 PM | | | | | | | | | | | | | | |
| 8:00 PM | | | | | | | | | | | | | | |
| 9:00 PM | | | | | | | | | | | | | | |
| 10:00 PM | | | | | | | | | | | | | | |
| 11:00 PM | | | | | | | | | | | | | | |

| Key | | | Optional Activity Tracking | |
|---|---|---|---|---|
| Asleep | **Z** | | #1 | _____ |
| Woke up | **U** | | #2 | _____ |
| In Bed, Can't Sleep | **I** | | #3 | _____ |
| Tired | **T** | | #4 | _____ |
| Working | **W** | | #5 | _____ |
| Screen Time After Dark | **S** | | #6 | _____ |
| Food | **F** | | #7 | _____ |
| Caffine | **C** | | #8 | _____ |
| Meds/Supplements | **M** | | #9 | _____ |
| Activity 1, 2, etc. | **#** | | #10 | _____ |

# 2-Week Sleep-Wake Diary - Instructions

1.  Fill in your name, age, and Pack ID# (if applicable).
2.  Select a Start Date. If you plan on performing a Circadian Phase Assessment in conjunction with your sleep diary, make sure to schedule the diary to be able to perform your assessment on the 13th day of your 2-week (14 day) diary.
3.  In the long columns under the "Days of the Week", fill in each day, starting with your start day.
4.  For each day, use the key located at the bottom of the page to keep track of your sleep status and daily activities. It is most important to record any time you are asleep, including naps, as "Z", and any time you wake up as "U". See an example of how to fill out a single row below.
5.  You can draw a diagonal or horizontal line through a specific cell to split that hour into a half-hour increments for more precision. See below for an example.
6. Use screen-time for anytime you are using light emitting device after dark, such as a computer, tablet, TV, or smart-phone for >15 minutes.
7.  *Optional* If you want to track how different activities may impact your sleep-wake cycle, use the activity number to indicate timing. Include only major activities, such as "exercising, reading, hobbies, driving etc.."

## Diary Example:

| Time of Day | Day of the week (Mon, Tues, Weds, Thurs, Fri, Sat, Sun) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Weds | Thurs | Fri | Sat | Sun | Mon | Tues | Weds | Thurs | Fri | Sat | Sun | Mon | Tues |
| 8:00 AM | U | U | U | Z | Z | U | U | U | U | U | Z | Z | U | U |
| 9:00 AM | WCM | WC | WC | Z/U | UC | WC | WC | WCM | WC | WC | UC | UC | WC | WC |
| 10:00 AM | ↓ | ↓ | ↓ | C | 1 | ↓ | ↓ | ↓ | ↓ | ↓ | 4 | 2 | ↓ F | ↓ F |
| 11:00 AM | ↓ T | ↓ | ↓ | 1 | ↓ F | ↓ T | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| NOON | TF | F | F/C | 1, F | ↓ | F | F/CT | F | F | 3 F | ↓ | ↓ | F | F |

### Example Activities

| | |
|---|---|
| #1 | Exercizing |
| #2 | Shopping |
| #3 | Partying |
| #4 | Gardening |