

Code: _____ Please complete this diary of your sleep and work habits during treatment

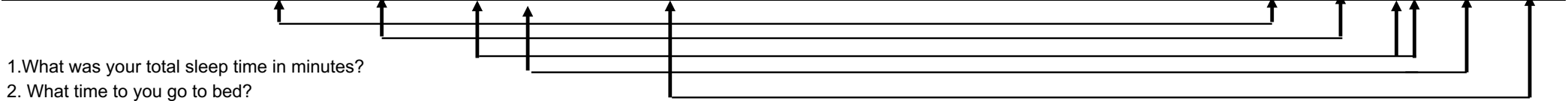
Each Morning Complete The Following (see example below):

1. Write in the day and date
2. With an arrow pointing down mark the time you got into bed last night
3. With a straight line mark the time you think you fell asleep and woke up in the morning
4. With straight lines, mark times when you woke up and went back to sleep during the night
5. Colour in the boxes that correspond to the times you were asleep
6. With an arrow pointing up mark when you got out of bed
7. With plain lines mark any naps you have during the day
8. Answer the following questions each day (See instructions below before completing questions)



| Day | Date | 8 pm | 9 pm | 10 pm | 11 pm | 12 pm | 1 am | 2 am | 3 am | 4 am | 5 am | 6 am | 7 am | 8 am | 9 am | 10 am | 11 am | no on | 1 pm | 2 pm | 3 pm | 4 pm | 5 pm | 6 pm | 7 pm | 8 pm | 9 pm | 1. Total Sleep time? | 2. What time to you go to bed? | 3. What time did you fall asleep? | 4. No of awakenings? | 5. Duration of awakenings in minutes? | 6. Out-of-bed time? |
|-----|------|------|------|-------|-------|-------|------|------|------|------|------|------|------|------|------|-------|-------|-------|------|------|------|------|------|------|------|------|------|----------------------|--------------------------------|-----------------------------------|----------------------|---------------------------------------|---------------------|
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|------|----|------|---|----|------|--|--|--|
| | <i>E X A M P L E</i> | | | | | | | | | | | | | | | <i>E X A M P L E</i> | | | | | | | | | | | | | | | | | | | | | |
| Th | 10th | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5.45 | 11 | 1.30 | 2 | 90 | 8.15 | | | |



1. What was your total sleep time in minutes?
2. What time to you go to bed?
3. What time did you fall asleep? Please just provide your best estimate of what time you fell asleep
4. How many times did you wake up? That is, give your best estimate of how many times you woke up during the night.
5. Duration of awakenings in minutes? Estimate the number of minutes you spent awake for all awakenings combined.
6. Out-of-bed time? That is, what time did you actually get out of bed in the morning