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| 2 week sleep diaryPlease rate your:Sleep quality /100Daytime alertness /100Daytime functioning /100 | Please complete the boxes as described here: | exercise | E | medication | M | alcohol | A(2)Please record number of standard drinks |
| Waking in the morning | W |  | Going to bed at night | **I** | Nap | IIII | Food/snacks | F |  |  |
| Rising from bed in a.m. | R |  | Sleeping in bed (home) | IIIIIIII | Sleeping in bed (away) | IIIIIIII | Caffeine(coffee/Cola/etc) | C |  |  |
|  |  |  |  |  |  | Work hours | \_\_ |  | Toilet visits  | T | Unintentional daytime sleep | /// |  | Rate sleep quality/100 | Rate daytime alertness /100 | Rate daytime functioning /100 |
| Day of the week | date | midday | 1300 | 1400 | 1500 | 1600 | 1700 | 1800 | 1900 | 2000 | 2100 | 2200 | 2300 | midnight | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | 0800 | 0900 | 1000 | 1100am |
| Fr |  | F | **\_\_** | **\_\_** | ///C |  |  |  | A2 | F |  T | IIIII | IIIII | IIIII | IIIII | IIIT |   | IIIII | IIIII | W | RTCM | E |  |  |  |  |  |  |

Week 1

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Week 2

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