Name: _____ Date: _____

COLUMBIA UNIVERSITY MEDICAL CENTER
Columbia Comprehensive Sleep Disorders Center
Department of Neurology

Day type: eg. Work, Day off, Vacation, School
A = Alcohol *E = Exercise* *M = Medication* *C = caffeine (tea, coffee, soda, energy drink)*
X = In Bed / Out of Bed

■ *= Sleep / Nap*

□ *= Awake*

In the example, the first day recorded is a work day. The person has medication and coffee at 2pm and exercises from 5-6pm. The person drinks alcohol at 11pm and goes to bed at 1am and falls asleep at 4.30am. They sleep until 2.30pm and get out of bed at 3pm. It is a day off. A nap is taken at 4.30-5.30pm and alcohol is drank at 7pm. They go to bed at 7pm, but do not fall asleep until 9.30pm.

		NOON			AFTERNOON				EVENING				MIDNIGHT				NIGHT						MORNING											
		12.30	1.30	2.30	3.30	4.30	5.30	6.30	7.30	8.30	9.30	10.30	11.30	12.30	1.30	2.30	3.30	4.30	5.30	6.30	7.30	8.30	9.30	10.30										
DATE	DAY TYPE	12	1 pm	2	3	4	5	6	7	8	9	10	11	12	1 am	2	3	4	5	6	7	8	9	10	11									
example																																		example
01/01/2013	Work			MC			E	E					A		X																			
01/02/2013	Day Off	■	■	■	X		■		A			example									X				■									
Week 1																																		
Week 2																																		