Code:_____ **Please complete this diary of your sleep and work habits for TWO WEEKS prior to 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. With an X mark hours that you were at work
9. Answer the following questions each day (See intructions 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	am11	am no	on 1	pm 2	pm 3	pm 4	pm 5	pm 6	pm 7	pm 8	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?