## TWO WEEK SLEEP / WAKE DIARY

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## Why keep a sleep/wake diary?

A sleep/wake diary offers an easy way to track when you go to bed, how long you sleep, how well you sleep, and how alert you feel from day to day. It also helps you keep tabs on caffeine, alcohol, medicines, and foods you consume, along with your work schedule, exercise, and other activities that may affect your sleep or your level of fatigue.
If you keep a diary for a couple of weeks or longer, you may see patterns you may not have thought important before. Do you sleep better some days than others, for example? What might account for that difference?

## How does the diary work?

You'll find the sleep/wake diary form on the next page. Instructions for filling it in are at the top. You'll also see a sample day drawn from a diary kept by a locomotive engineer on a freight train.
Before you start, review "How Well Did You Sleep?" on page 3. It has questions to ask yourself after you complete the diary. Reading them now may help you spot factors that could be helping or harming your sleep.
Print out the diary, and carry it with you. Fill it in every day. Start when you get up, and stop when you go to bed. This diary is just for you, so don't "forget" to record that you ate candy bars for lunch, or had two drinks after leaving work.

## What if my run gets cancelled, l'm sick, or on vacation?

Keep the diary every day for two weeks, even days that are not "normal" ones.
Add notes, if you wish, to say what's going on. Keep track of anything you think affects your sleep: Did you have to sleep away from home or cut sleep short to attend an event at your child's school? Were you bothered by the crying baby next door, stress, or worries?

## Should I show the diary to my doctor?

Sure! When you see your doctor, take your sleep diary along. You and your doctor, working together, can use the diary to explore ways to improve your sleep and overall health.
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## TWO WEEK SLEEP／WAKE DIARY

1．FILL IN THE BOXES to show what you did or when you ate／drank each day，as follows：

| When you go to bed |  | Work |  | Meal（breakfast， lunch，dinner） | M | Exercise | E |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Sleep at Home |  | Nap | W W | Caffeine（coffee，cola， energy drinks，etc．） | C | Medicine | X |
| Sleep Away from Home | $19$ | Awake |  | Snacks | S | Alcoholic Drinks | A |

2．On a scale of $0-5$, RATE YOUR SLEEP（ $0=$ No Sleep， $1=$ Poor， $5=$ Great）\＆RATE YOUR DAY＇S ALERTNESS（1＝Poor， $5=$ Great）．

SAMPLE ENTRY BELOW：On Monday，woke up middle of the night but fell back asleep until 0630．Had coffee，breakfast and medicine．Exercised 1030－1130．Ate lunch．Called at 1200 for work at 1400．Took 20 minute nap．Drank coffee．Drove in and worked 1400－2000．Drank coffee，ate snacks along way．Ate dinner w／beer．Went to bed at hotel at 2215．Fell asleep in about 10 minutes．

| Day of the Week | Date | Type of Day： <br> －Work <br> －Scheduled <br> Day Off <br> －School <br> －Vacation |  | $\stackrel{8}{7}$ | O | 莒 | 夺 | io |  | $\frac{8}{0}$ | \& | $8$ | O-O | 윽 |  | $\stackrel{\text { ®}}{-}$ | ষ্ণ | O | $\stackrel{\otimes}{0}$ | $\underset{\substack{\mathrm{O} \\ \hline}}{ }$ |  | 名 | ৪্N | $\begin{aligned} & \mathrm{O} \\ & \text { N } \end{aligned}$ | 읓 | ষ্শ্শ |  |  |
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| M | 2／6 | Work |  |  |  |  |  |  |  | CM X |  |  | E | M | 1 |  |  | c |  | c |  | S |  | MA |  | F | 4 | 5 |




# Railroaders <br> Guide to Healthy 

HOW WELL DID YOU SLEEP?
Review Your Two-Week Sleep/Wake Diary
www.railroadersleep.org

## ASK YOURSELF:

1. Did I get at least $3-4$ hours of sleep at the same time each day? Did I average $7-8$ hours of sleep most days? If not, why not?
2. Did I take advantage of nap opportunities?
3. Did I need to spend days off catching up on sleep?
4. Have I been told that I snore? (If yes, see The Snoring Sickness: Obstructive Sleep Apnea.)
5. Did I feel sharp and focused at work?
6. Did I drink coffee or other caffeinated beverages within 5 hours of bedtime? Did I sleep better on days I had less caffeine?
7. How did alcoholic drinks affect my sleep?
8. Did any medicines I take regularly make my sleep better or worse?
9. Was my sleeping room dark and quiet? Was the room temperature comfortable?
10. Did I exercise vigorously for 30 minutes or longer at least 3 times a week? Did the timing of exercise help make me alert, or did it keep me awake when I was ready to sleep?
11. Do I smoke? Does smoking affect my sleep or snoring?
12. Did I commute more than 30 minutes each way? If I carpool, could I use this time some days for a nap? Or could I carpool so I could nap?
13. Did I eat breakfast, lunch, and dinner at appropriate times of my waking day?
14. Did I eat healthy meals and snacks?
15. Am I satisfied with my sleep? What can I do to improve my sleep? Do I need to see my doctor?

Find more tips to help improve your sleep and boost alertness:
Railroaders' Guide to Healthy Sleep
www.railroadersleep.org

