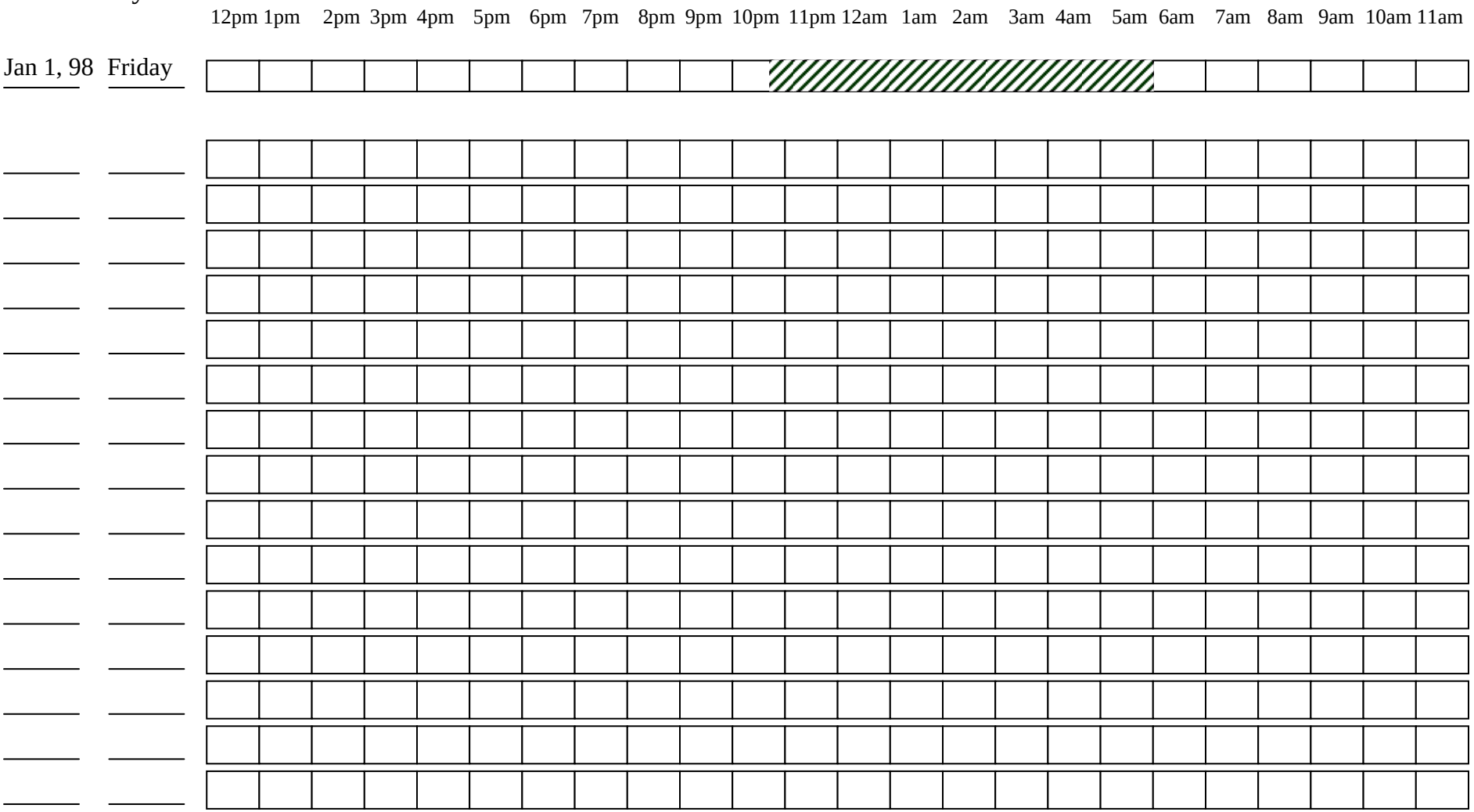
# The Johns Hopkins Sleep-Wake Diary

Your Name: _____

This is a sleep log. Please start filling this log out the night you receive this packet and continue until the night before your visit.

**Each morning do the following:**

1) Write in today's date
2) Write in the day of the week
3) With a pencil darken in the boxes for the hours that you are in bed
4) If you take any naps during any part of the day, mark them the same way

Example: If you slept from 10:30 pm to 6 am