WAKE-UP DIARY

1. What day is today? (Choose one)
   - Monday
   - Tuesday
   - Wednesday
   - Thursday
   - Friday
   - Saturday
   - Sunday

2. What time did you go to bed last night? (Also mark AM/PM)
   - HOUR: 10
   - MINUTES: 30
   - AM/PM: PM

3. Did you feel ready for sleep when you went to bed?
   - Yes
   - No

4. Did you take anything to help you sleep?
   - Yes
   - No

5. How long did it take to fall asleep?
   - HOURS: 4
   - MINUTES: 15

6. How long were you awake during the night after you fell asleep?
   - HOURS: 2
   - MINUTES: 30

7. How many times did you wake up during the night?
   - 0

8. How long did you sleep last night?
   - HOURS: 8
   - MINUTES: 30

9. Rate the quality of your sleep last night. (1=excellent; 5=poor)
   - 4

10. What time did you wake up to start your day? (Also mark AM/PM)
    - HOUR: 7
    - MINUTES: 30
    - AM/PM: AM

11. What time did you get out of bed? (Also mark AM/PM)
    - HOUR: 8
    - MINUTES: 0
    - AM/PM: AM

12. How did you wake up?
    - Spontaneously
    - Planned (e.g., alarm)
    - Unplanned disruption

13. How many alarms or prompts did you need to wake up?
    - 0

14. How difficult was it to wake up? (1=very easy; 5=very hard)
    - 1

15. How alert do you feel now? (1=wide awake; 5=very sleepy)
    - 3

16. How rested/refreshed do you feel now? (1=very rested; 5=not at all)
    - 3

17. Comments:

BEDTIME DIARY

1. What day is today? (Choose one)
   - Monday
   - Tuesday
   - Wednesday
   - Thursday
   - Friday
   - Saturday
   - Sunday

2. For each of the pairs below, mark the response that best describes how you felt overall today.
   - Happy
   - Tired
   - Sleepy
   - Even tempered
   - Irritable
   - Poor concentration
   - Calm

3. If you felt intensely sleepy or dozed off or fell asleep today without planning to, mark below every hour this occurred. NOT AT ALL
   - NOON: 12:00 (am)
   - MIDNIGHT: 12:00 (am)

4. During which of these activities did you doze? Mark all that apply.
   - Reading/studying
   - Morning class
   - At work
   - Watching TV/movie
   - Afternoon class
   - Driving
   - Evening class

5. Did you experience physical discomfort today? Mark all that apply.
   - Headache
   - Stomach upset symptoms
   - Cold/allergy symptoms
   - Menstrual cramps
   - Muscle/joint pain
   - Other:

6. Did you take any medications (including over-the-counter) today?
   - Yes
   - No

7. How many planned naps did you have today?
   - 0

8. How long was your longest nap? NO NAP
   - HOURS: 0
   - MINUTES: 0

9. What time did this nap start? (Also mark AM/PM)
   - HOUR: 0
   - MINUTES: 0
   - AM/PM: AM

10. How much time did you nap today? (planned PLUS unplanned)
    - HOURS: 0
    - MINUTES: 0

11. How many caffeine drinks (e.g., Coke, tea, coffee, etc.) did you have today?
    - Morning (before noon)
    - Afternoon
    - Evening (after 6 pm)

12. How many drinks of alcohol did you have today?
    - 2

13. If you had vigorous physical activity for at least 15 minutes today, mark below every hour this occurred. NONE
    - NOON: 12:00 (pm)
    - MIDNIGHT: 12:00 (am)

14. How much time were you exposed to daylight in the first two hours after waking up today?
    - HOURS: 0
    - MINUTES: 0

15. Comments:

DO NOT MARK HERE