

Date: _____, _____

Fill this part of the form out **first thing** in the morning.

(circle AM or PM)

Went to bed last night at _____ AM PM

Attempted to fall asleep at _____ AM PM

Minutes until fell asleep _____

Finally woke at _____ AM PM

Finally got out of bed at _____ AM PM

Activity between finally woke and got up _____

Slept this much last night _____ hours and _____ minutes

Awakened by:

Circle One:

Alarm Clock/Radio 1

Someone whom I asked to wake me (e.g. parent) 2

Noises 3

Just woke up 4

After falling asleep, woke up this many times during the night:

Circle number of times 0 1 2 3 4 5 or more

Questions? Call the lab: (401) 421-9440

v. 10/14/97

Fill this form out **just before** going to bed at night.

Date: _____, _____

What time is it now? _____^{am} Did you go to school or work today? [] Yes [] No

Were you sick today? [] Yes [] No^{pm} If yes, with what? _____

Describe any alcohol, medication, tobacco, or caffeine that you had today (type, amount, time):

Write times when the following activities occurred:	START	END	START	END
Nap (or accidentally fell asleep)	am pm	am pm	am pm	am pm

Did anything special happen today? [] No [] Yes, _____

In the hour before you went to bed, what was your main activity? _____

Questions? Call the lab: (401) 421-9440