

<b>Day of the Week</b>							
<b>Calendar Date</b>							
1. Yesterday I napped from __ to __ (note time of all naps).							
2. Last night I took __ mg or __ or __ of alcohol as a sleep aid (include all prescription and over the counter sleep aids).							
3. Last night I got in my bed at __ (AM or PM?).							
4. Last night I turned off the lights and attempted to fall asleep at __ (AM or PM?).							
5. After turning off the lights it took me about __ minutes to fall asleep.							
6. I woke from sleep __ times. (Do not count your final awakening here.)							
7. My awakenings lasted __ minutes. (List each awakening separately.)							
8. Today I woke up at __ (AM or PM?). (NOTE: This is your final awakening.)							
9. Today I got out of bed for the day at __ (AM or PM?).							
10. I would rate the quality of last night's sleep as: Very poor      Fair      Excellent 1 2 3 4 5 6 7 8 9 10							
11. How well rested did you feel upon arising today? Not at all      Somewhat      Well Rested 1 2 3 4 5 6 7 8 9 10							

Note any other questions, concerns, or items you wish to discuss here: