

Name: \_\_\_\_\_

Date From: \_\_\_\_\_

Date To: \_\_\_\_\_

Please answer all of the following questions shortly after getting out of bed each morning:

	Example	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Average*
1. How many minutes did you nap yesterday?	20 mins								
2. What time did you try to fall asleep last night (last attempt)	11:30 pm								
3. How long do you think it took you to fall asleep?	45 mins								
4. How many times do you recall waking up last night?	3								
5. How much time do you think you spent awake in total during these awakenings?	60 mins								
6. About what time was it when you finished sleeping for the night?	5:00 am								
7. What time did you finally get out of bed?	5:30 am								
8. How rested did you feel this morning? <i>Not at all 1 to 5 Very</i>	2								
9. What sleep aids did you take last night (including alcohol)?	a) Ambien b) beer c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	
10. What was the total dosage/ quantity of these sleep aids?	a) 10 mg b) 1 c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	

\* Average = total of seven days ÷ by seven

Additional Comments: