

<u>Last Name, First Name</u>	DAYS OF THE WEEK					
	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>
1. I went to bed at: (Give clock time)						
2. I fell asleep at:(Give clock time)						
3. It took me ___ minutes to fall asleep. (SSL)						
4. I woke up for the day at ____ (Give clock time)						
5. I got out of the bed for the day at ____ (Clock time)						
6.I spent ___hrs. in bed last night.						
7. I woke up ___ times last night.						
8. Amount of time awake after first falling asleep (minutes)						
9. I took ___ naps yesterday. (Give #)						
10. My naps lasted for a total of ___ minutes (Give total).						
11. I took naps at (list the clock times)						
12. Sleep Quality: 1. very poor 2. poor 3. OK 4. good 5. very good						
13. Sleep Quantity: 1. Very Inadequate 2. inadequate 3. about right 4. too much						
14. I had ___ cups of caffeinated coffee yesterday.						
15. I had ___ cans/bottles of caffeinated cola yesterday.						
16.I had ___ glasses of caffeinated tea yesterday						
17. I had ___ bars of chocolate.yesterday.						
18. I smoked ___ cigarettes yesterday.						
19. Did you dream last night? (YES or NO)						
If you did dream , please comment at the bottom of this paper.						
20. Do you take meds to sleep (Yes or NO)						
21.What are/is the meds you use to sleep?						
22. List the meds you took yesterday.						
PLease List your Age.						
Height (inches)						
Weight in pounds						