First and Last Name:	
----------------------	--



SLEEP LOG: Date Range / / to / /	Wake Time:	
Please complete this form each morning when you wake up.	Bed Time:	

Day of the Week - Write In at Top	Example:				
,	Mon .				
1. Yesterday I napped from to	2:30-3:15				
(time range of all naps). If you didn't nap,	p.m.				
write "No nap."	_				
2. Last night I took mg of Last night / yesterday I drank ounces	5 mg Ambien				
of alcohol (include time if possible).	Ambien				
of alcohol (include time if possible).					
	11.00				
3a. Last night I got into bed at (a.m.	11:00				
or p.m.).  3b. Last night I turned off the lights and	p.m. 11:40				
tried to fall asleep at (a.m. or p.m.).	p.m.				
thed to fail asleep at (a.m. or p.m.).	ρ.π.				
4. After I turned off the lights, it took me	75 min				
about minutes to fall asleep.					
5. I woke up from sleep times. (Do	3 times				
not count when you finally woke up here.)					
6. My arousals lasted minutes. (List	25 min				
each arousal separately.)	40 min				
	10 min				
7. Today I woke up at (a.m. or p.m.).	6:30 a.m.				
(Note: this is when you finally woke up.)	5.00 a.m.				
8. Today I got out of bed for the day at	6:45 a.m.				
(a.m. or p.m.).					
9. I would rate the quality of last night's	3				
sleep as 1 = very poor, 2 = poor, 3 = fair,					
4 = good, or 5 = excellent.					