

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

Is your actigraph beeping? If not, call the lab: (401) 421-9440

v. 6/11/08

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 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
Shower or Bath	am pm	am pm	am pm	am pm
Took off the wrist monitor	am pm	am pm	am pm	am pm
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? _____

Is your actigraph beeping? If not, call the lab: (401) 421-9440