



Name: _____

		<i>sample</i>							
Day of the Week		Monday							
Calendar Date		3/25/2010							
1	Yesterday I napped from ___ to ___ (note all naps)	1:30 -2:45 PM							
2	Last night I took ___mg of ___ of ___ of alcohol as a sleep aid (include all over the counter and prescription sleep aids)	Ambien 5mg							
3	I got in my bed at ___ AM or PM	10:30 PM							
4	Last night I turned off the lights and attempted to fall asleep at ___ AM or PM	11:30 PM							
5	After turning out the lights it took me ___ minutes to fall asleep.	40 minutes							
6	I woke from sleep ___ times (do not count your final awakening here).	2 times							
7	My awakenings lasted ___ minutes (list each awakening separately)	40 minutes 25 minutes							
8	Today I woke up at ___ AM or PM (this is your final awakening)	6:30 AM							
9	Today I got out of bed for the day at ___ AM or PM	7:30 AM							
10	I would rate the quality of last night's sleep as (1=very poor - 10 = excellent)	4							
11	How well rested did you feel upon rising today (1= not at all - 10 = very well rested)	5							

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