

WAKE-UP DIARY

1. What day is today?
 M T W T F S S

2. What time did you go to bed last night? (Also mark AM/PM)
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 AM
 MINUTES 0 5 10 15 20 25 30 35 40 45 50 55 PM

3. Did you feel ready for sleep when you went to bed?
 Yes No

4. Did you take anything to help you sleep?
 Yes No
 If yes, specify: _____

5. How long did it take to fall asleep?
 HOURS 0 1 2 3 +4+
 MINUTES 0 5 10 15 20 25 30 35 40 45 50 55 Hours

6. How long were you awake during the night after you fell asleep?
 HOURS 0 1 2 3 +4+
 MINUTES 0 5 10 15 20 25 30 35 40 45 50 55 Hours

7. How many times did you wake up during the night?
 0 1 2 3 4 5 6 7 8 9 + More than 9 times

8. How long did you sleep last night?
 HOURS 0 1 2 3 4 5 6 7 8 9 10 11 12 + 13+
 MINUTES 0 5 10 15 20 25 30 35 40 45 50 55 Hours

9. Rate the quality of your sleep last night. (1=excellent; 5=poor)
 1 2 3 4 5

10. What time did you wake up to start your day? (Also mark AM/PM)
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 AM
 MINUTES 0 5 10 15 20 25 30 35 40 45 50 55 PM

11. What time did you get out of bed? (Also mark AM/PM)
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 AM
 MINUTES 0 5 10 15 20 25 30 35 40 45 50 55 PM

12. How did you wake up?
 spontaneously planned (e.g., alarm) unplanned disruption

13. How many alarms or prompts did you need to wake up?
 0 1 2 3 4 + More than 4

14. How difficult was it to wake up? (1=very easy; 5=very hard)
 1 2 3 4 5

15. How alert do you feel now? (1=wide awake; 5=very sleepy)
 1 2 3 4 5

16. How rested/refreshed do you feel now? (1=very rested; 5=not at all)
 1 2 3 4 5

17. Comments:

<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
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BEDTIME DIARY

1. What day is today?
 M T W T F S S

2. For each of the pairs below, mark the response that best describes how you felt overall today.

happy	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	sad	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
tense	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	relaxed	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
sleepy	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	alert	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
even tempered	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	mood swings	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
irritable	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	easy going	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
poor concentration	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	good concentration	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
tired	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	energetic	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
worried	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	care free	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
calm	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	jittery	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

3. If you felt intensely sleepy or dozed off or fell asleep today without planning to, mark below every hour this occurred. NOT AT ALL

NOON 12 1 2 3 4 5 6 7 8 9 10 11 (pm)
 MIDNIGHT 12 1 2 3 4 5 6 7 8 9 10 11 (am)

4. During which of these activities did you doze? Mark all that apply.
 reading/studying morning class at work
 watching TV/movie afternoon class NONE
 driving evening class other: _____

5. Did you experience physical discomfort today? Mark all that apply.
 headache stomach upset symptoms
 cold/allergy symptoms menstrual cramps
 muscle/joint pain NONE
 other: _____

6. Did you take any medications (including over-the-counter) today?
 Yes No
 If yes, specify: _____

7. How many planned naps did you have today?
 0 1 2 3 + 3+

8. How long was your longest nap? NO NAP
 HOURS 0 1 2 3 + 4+ Hours
 MINUTES 0 5 10 15 20 25 30 35 40 45 50 55

9. What time did this nap start? (Also mark AM/PM)
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 AM
 MINUTES 0 5 10 15 20 25 30 35 40 45 50 55 PM

10. How much time did you nap today? (planned PLUS unplanned)
 HOURS 0 1 2 3 + 4+ Hours
 MINUTES 0 5 10 15 20 25 30 35 40 45 50 55

11. How many caffeine drinks (e.g., Coke, tea, coffee, etc.) did you have today?
morning (before noon) 0 1 2 3 4 5+ afternoon 0 1 2 3 4 5+ evening (after 6 pm) 0 1 2 3 4 5+

12. How many drinks of alcohol did you have today?
 0 1 2 3 4 5 6 7 8 9 + 9+ Drinks

13. If you had vigorous physical activity for at least 15 minutes today, mark below every hour this occurred. NONE

NOON 12 1 2 3 4 5 6 7 8 9 10 11 (pm)
 MIDNIGHT 12 1 2 3 4 5 6 7 8 9 10 11 (am)

14. How much time were you exposed to daylight in the first two hours after waking up today?
 HOURS 0 1 2
 MINUTES 0 5 10 15 20 25 30 35 40 45 50 55

15. Comments:

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