SomniLog Data Entry (Weekly)

	Day of Week and Date	Day: Date:	Day: Date:	Day: Date:	Day: Date:	Day: Date:	Day: Date:	Day: Date:
1	Napping or Dozing	List Nap/Dozing Episodes:	List Nap/Dozing Episodes:	List Nap/Dozing Episodes:	List Nap/Dozing Episodes:	List Nap/Dozing Episodes:	List Nap/Dozing Episodes:	List Nap/Dozing Episodes:
2	Sleeping medication(s)	What? When? Dose?	What? When? Dose?	What? When? Dose?	What? When? Dose?	What? When? Dose?	What? When? Dose?	What? When? Dose?
3	Time in bed							
4	Time eyes closed to begin sleeping							
5	Time you fell asleep							
6	Duration of any Mid-Sleep Awakenings?	#1 _____ #2_____ Duration of any more awakenings:	#1 _____ #2_____ Duration of any more awakenings:	#1 _____ #2_____ Duration of any more awakenings:	#1 _____ #2_____ Duration of any more awakenings:	#1 _____ #2_____ Duration of any more awakenings:	#1 _____ #2_____ Duration of any more awakenings:	#1 _____ #2_____ Duration of any more awakenings:
7	Time of final awakening							
8	If you tried to fall back asleep, when did you give up trying?							
9	Time out of bed for the day							
10	How rested did you feel after being up for a while? 0- As bad as can be 1- Very tired, awful 2- Tired, but not awful 3- Good enough 4- Well rested	What is your rating?	What is your rating?	What is your rating?	What is your rating?	What is your rating?	What is your rating?	What is your rating?