# DAILY NIGHT-TIME DIARY

**SUBJECT CODE:** _____

## *NIGHT-TIME*

| | DATE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Please complete immediately before going to bed:** | | | | | | | | | |
| Did you take any naps today?  If yes, start time/end time | | | | | | | | | |
| What caffeinated beverages did you consume?  At what time? | | | | | | | | | |
| What medication(s)/vitamins (and dose) did you take?  At what time? | | | | | | | | | |
| Did you menstruate today?  If yes, any menstrual pain?  Please indicate the pain on a scale of 1-5 (1=no pain, 5=bad pain). | | | | | | | | | |
| Did you take the watch off? If yes, record start time/end time and explain why. | | | | | | | | | |
| Did you watch TV, read, or perform some other low mobility activity right before going to bed? **If so, please state activity (and its duration**). | | | | | | | | | |
| **(don't forget--email dickinsondl@appstate.edu and state the time you are going to bed)** | | | | | | | | | |
| What time are you first attempting to go to sleep?  **\*Press the EVENT MARKER button on your watch now.** | | | | | | | | | |
| *GOODNIGHT!* | | | | | | | | | |

**\*REMEMBER TO USE ACCURATE TIME FOR ALL ENTRIES.**

**If necessary use the back side of this sheet for any notes.**

experiment staff will complete shaded area

# DAILY MORNING-TIME DIARY

| WEEK #1 |
|---|
| (please adhere to prescribed sleep level for this week) |

SUBJECT CODE: _____

| *MORNING-TIME* | DATE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Please complete immediately upon awakening:** | | | | | | | | | |
| **(don't forget--email dickinsondl@appstate.edu and leave a message stating the time you woke up)** | | | | | | | | | |
| *GOOD MORNING!* | | | | | | | | | |
| What time did you get out of bed this morning? **\*Remember to press the EVENT MARKER button on your watch**. | | | | | | | | | |
| How long do you think it took you to fall asleep? (in minutes) | | | | | | | | | |
| How many times did you wake up during the night? If you woke up, please explain why. | | | | | | | | | |
| Did you watch TV, read, or perform some other low mobility activity in bed before getting up? **If so, please state activity (and its duration)**. | | | | | | | | | |
| How many minutes were you awake during the night? | | | | | | | | | |
| Calculate how long you were asleep (in hours and minutes) | | | | | | | | | |
| How refreshed do you feel on a scale of 1-7? (1=not at all refreshed), 7=completely refreshed) | | | | | | | | | |
| Was this a typical night of sleep for you? If no, please explain why. | | | | | | | | | |

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# DAILY NIGHT-TIME DIARY

**SUBJECT CODE:** _____

| ***NIGHT-TIME*** | DATE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Please complete immediately before going to bed:** | | | | | | | | | |
| Did you take any naps today?  If yes, start time/end time | | | | | | | | | |
| What caffeinated beverages did you consume?  At what time? | | | | | | | | | |
| What medication(s)/vitamins (and dose) did you take?  At what time? | | | | | | | | | |
| Did you menstruate today?  If yes, any menstrual pain?  Please indicate the pain on a scale of 1-5 (1=no pain, 5=bad pain). | | | | | | | | | |
| Did you take the watch off? If yes, record start time/end time and explain why. | | | | | | | | | |
| Did you watch TV, read, or perform some other low mobility activity right before going to bed? **If so, please state activity (and its duration**). | | | | | | | | | |
| **(don't forget--email dickinsondl@appstate.edu and state the time you are going to bed)** | | | | | | | | | |
| What time are you first attempting to go to sleep?  **\*Press the EVENT MARKER button on your watch now.** | | | | | | | | | |
| ***GOODNIGHT!*** | | | | | | | | | |

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# DAILY MORNING-TIME DIARY

| WEEK #2 |
|---|
| (sleep however you like this week) |

SUBJECT CODE: _____

## *MORNING-TIME*

DATE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Please complete immediately upon awakening:** | | | | | | | | | |
| **(don't forget--email dickinsondl@appstate.edu and leave a message stating the time you woke up)** | | | | | | | | | |
| *GOOD MORNING!* | | | | | | | | | |
| What time did you get out of bed this morning? **\*Remember to press the EVENT MARKER button on your watch**. | | | | | | | | | |
| How long do you think it took you to fall asleep? (in minutes) | | | | | | | | | |
| How many times did you wake up during the night? If you woke up, please explain why. | | | | | | | | | |
| Did you watch TV, read, or perform some other low mobility activity in bed before getting up? **If so, please state activity (and its duration)**. | | | | | | | | | |
| How many minutes were you awake during the night? | | | | | | | | | |
| Calculate how long you were asleep (in hours and minutes) | | | | | | | | | |
| How refreshed do you feel on a scale of 1-7? (1=not at all refreshed), 7=completely refreshed) | | | | | | | | | |
| Was this a typical night of sleep for you? If no, please explain why. | | | | | | | | | |

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# DAILY NIGHT-TIME DIARY

| WEEK #3 |
|---|
| (please adhere to prescribed sleep level for this week) |

**SUBJECT CODE:** _____

## NIGHT-TIME

| | DATE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Please complete immediately before going to bed:** | | | | | | | | | |
| Did you take any naps today?  If yes, start time/end time | | | | | | | | | |
| What caffeinated beverages did you consume?  At what time? | | | | | | | | | |
| What medication(s)/vitamins (and dose) did you take?  At what time? | | | | | | | | | |
| Did you menstruate today?  If yes, any menstrual pain?  Please indicate the pain on a scale of 1-5 (1=no pain, 5=bad pain). | | | | | | | | | |
| Did you take the watch off? If yes, record start time/end time and explain why. | | | | | | | | | |
| Did you watch TV, read, or perform some other low mobility activity right before going to bed? **If so, please state activity (and its duration**). | | | | | | | | | |
| **(don't forget--email dickinsondl@appstate.edu and state the time you are going to bed)** | | | | | | | | | |
| <u>What time are you first attempting to go to sleep?</u>  **Press the EVENT MARKER button on your watch now.** | | | | | | | | | |
| *GOODNIGHT!* | | | | | | | | | |

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# DAILY MORNING-TIME DIARY

| WEEK #3 |
|---|
| (please adhere to prescribed sleep level for this week) |

**SUBJECT CODE:** _____

## MORNING-TIME

| DATE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Please complete immediately upon awakening:** | | | | | | | | |
| (don't forget--email dickinsondl@appstate.edu and leave a message stating the time you woke up) | | | | | | | | |
| *GOOD MORNING!* | | | | | | | | |
| What time did you get out of bed this morning? **\*Remember to press the EVENT MARKER button on your watch**. | | | | | | | | |
| How long do you think it took you to fall asleep? (in minutes) | | | | | | | | |
| How many times did you wake up during the night? If you woke up, please explain why. | | | | | | | | |
| Did you watch TV, read, or perform some other low mobility activity in bed before getting up? **If so, please state activity (and its duration)**. | | | | | | | | |
| How many minutes were you awake during the night? | | | | | | | | |
| Calculate how long you were asleep (in hours and minutes) | | | | | | | | |
| How refreshed do you feel on a scale of 1-7? (1=not at all refreshed), 7=completely refreshed) | | | | | | | | |
| Was this a typical night of sleep for you? If no, please explain why. | | | | | | | | |

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