

Participant ID: _____ Sleep recording start time: _____ Date: _____

Polysomnography summary

	Electrode position	Still attached AM?	Est. disconnection time?
EOG1			
EOG2			
EMG1			
EMG2			
A1			
A2			
HR			

Sleep report

Sleep report start time: _____ Date: _____

What time did you fall asleep?
Did you manage to sleep through the night? If possible, list the times you woke up, what time, and how long for.
What time did you wake up in the morning?
Did you have any seizures during the night? If yes, what time?
[POST STIM ONLY] Did you experience any unusual feelings or sensations in the night?
Do you feel well rested?
Do you think any medications you are on impact your sleep?
Any other comments