

SLEEP DIARY - WEEK ONE

| Day/Date | What did you do 30 mins before going to sleep? | Time to sleep at night | Time you woke up in the morning | Total time of all daytime naps. (mins) | Duration and number of times awakened during the night | Total sleep time | Who or what woke you up in the morning? | In the morning, how did you feel? (Rate yourself from 1-5) | Did you remember any dreams? |
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