

## Sleep Diary – Part 2, Week 2

*(should be filled out once you wake for the day)*

	Time I went to bed	Time I got out of bed	Time it took to fall asleep	How many times I woke up	How I felt when I woke up	No. of hrs spent asleep	Things that disturbed my sleep *
<b>DAY 1</b>					<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat Refreshed <input type="checkbox"/> Fatigued		
<b>DAY 2</b>					<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat Refreshed <input type="checkbox"/> Fatigued		
<b>DAY 3</b>					<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat Refreshed <input type="checkbox"/> Fatigued		
<b>DAY 4</b>					<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat Refreshed <input type="checkbox"/> Fatigued		
<b>DAY 5</b>					<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat Refreshed <input type="checkbox"/> Fatigued		
<b>DAY 6</b>					<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat Refreshed <input type="checkbox"/> Fatigued		
<b>DAY 7</b>					<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat Refreshed <input type="checkbox"/> Fatigued		

\* Example: stress, snoring, physical discomfort or pain, bathroom break, temperature, noise, light, etc