

Date : _____	<i>MON</i>	<i>TUES</i>	<i>WED</i>	<i>THU</i>	<i>FRI</i>	<i>SAT</i>	<i>SUN</i>
<i>DAY</i>							
<i>Did you take a nap?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>a) How long?</i>	_____	_____	_____	_____	_____	_____	_____
<i>b) At what time?</i>	_____	_____	_____	_____	_____	_____	_____
<i>Did you have caffeine after 6pm?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Were you tired during the day?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>NIGHT</i>							
<i>What time did you turn off your lights and go to sleep?</i>							
<i>What time did you wake up?</i>							
<i>How many total hours did you sleep?</i>							
<i>How many times did you wake up during the night?</i>							
<i>Rate the quality of your sleep 1 = poor 5 = excellent</i>							
<i>Do you feel that you had an adequate amount of sleep?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Sleep