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|  | | Example |  |  |  |  |  |  |  |
| Today’s date | | 22/2/24 |  |  |  |  |  |  |  |
| Day of the week | | Thurs |  |  |  |  |  |  |  |
| How many times did you nap or doze? | | 2 times |  |  |  |  |  |  |  |
| In total, how long did you nap or doze? | | 1 hour  10 min. |  |  |  |  |  |  |  |
| What exercise did you do today? | | 30 mins yoga at 4 p.m. |  |  |  |  |  |  |  |
| How many caffeinated beverages did you drink today? | | 6 |  |  |  |  |  |  |  |
| How many alcoholic beverages did you drink today? | | 0 |  |  |  |  |  |  |  |
| Did you take any over-the-counter or prescription medications to help you sleep? | | **Yes** No  substance(s):  Relaxo-herb  Dose:  50mg  Times(s) taken:  11 p.m. | Yes No  Medication(s):  Dose:  Times(s) taken: | Yes No  Medication(s):  Dose:  Times(s) taken: | Yes No  Medication(s):  Dose:  Times(s) taken: | Yes No  Medication(s):  Dose:  Times(s) taken: | Yes No  Medication(s):  Dose:  Times(s) taken: | Yes No  Medication(s):  Dose:  Times(s) taken: | Yes No  Medication(s):  Dose:  Times(s) taken: |
| What time did you get into bed? | | 10:15 p.m. |  |  |  |  |  |  |  |
| What time did you try to get to sleep? | | 11:30 p.m. |  |  |  |  |  |  |  |
| How long did it take you to fall asleep? | | 55 min. |  |  |  |  |  |  |  |
| How many times did you wake up, not counting your final awakening? | | 6 times |  |  |  |  |  |  |  |
| In total, how long did these awakenings last? | | 2 hours  5 min. |  |  |  |  |  |  |  |
| What time did you wake up the next morning? | | 6:35 a.m. |  |  |  |  |  |  |  |
| What time did you get out of bed? | | 7:20 a.m. |  |  |  |  |  |  |  |
| How would you rate the quality of your sleep? | | Very poor  **Poor**  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good |
| Comments (if applicable) | | I have a cold |  |  |  |  |  |  |  |

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|  | | Example |  |  |  |  |  |  |  |
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| How many caffeinated beverages did you drink today? | | 6 |  |  |  |  |  |  |  |
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| What time did you get into bed? | | 10:15 p.m. |  |  |  |  |  |  |  |
| What time did you try to get to sleep? | | 11:30 p.m. |  |  |  |  |  |  |  |
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| How would you rate the quality of your sleep? | | Very poor  **Poor**  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good | Very poor  Poor  Fair  Good  Very good |
| Comments (if applicable) | | I have a cold |  |  |  |  |  |  |  |