

				<b>1 Hr after waking, Feel Rested Scale 1-5</b>		
<b>Week 1</b>	<b>Time to Bed</b>	<b>Time Arose</b>	<b>Y/N fell asleep in 15 min.</b>		<b># of hours slept</b>	<b>Notes</b>
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
<b>Week 2</b>						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
<b>Week 3</b>						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
<b>Week 4</b>						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						