Week 1										
	Date	Time: In Bed	Time: Awoke /Got out of Bed	1 = Very tired 2 = Tired	Did you have a challenge getting to bed? Yes/No, If YES, what were you doing? TV/Movie, Internet, Shopping, Chores, Games	Yes/No Fell asleep within 30 min	IF NO: How long did it take to fall asleep?	Did you take a sleep aid? Y/N If YES when? What?	Did you wake up & were up for an hour or more? Yes/No If YES, How long?	Why did you wake up? Bad dream, Breathing/Snoring, Hot/Cold, Pain/Bathroom, Anxiety/Worry, Partner/Pet
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