

**Sample**

Today's date (dd/mm/yy) The night of...	13/02/2019	Wed 13/02/19	Thu 14/02/19	Fri 15/02/19	Sat 16/02/19	Sun 17/02/19	Mon 18/02/19	Tue 19/02/19	
What time did you get into bed?	10:15 PM								
What time did you try to go to sleep?	11:30 PM								
How long did it take you to fall asleep?	55 mins								
How many times did you wake up, not counting your final awakening?	1 time								
In total, how long did these awakenings last?	15 mins								
What time was your final awakening?	6:45 AM								
What time did you get out of bed for the day?	6:50 AM								
How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	
How well rested or refreshed did you feel when you woke up for the day?	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input checked="" type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested
Did you nap today?	No								
time(s) and how long napped total									
How many caffeinated drinks did you have? (coffee, tea, soda, energy drinks)	2								
time you finished last caffeinated drink	4:00 PM								
Did you take anything to help you sleep?	Yes								
What, how much, and when?	melatonin 2mg 9PM								
Comments (if applicable)	I have a cold.								

**Sample**

Today's date (dd/mm/yyyy) The night of...	20/02/2019	Wed 20/02/19	Thu 21/02/19	Fri 22/02/19	Sat 23/02/19	Sun 24/02/19	Mon 25/02/19	Tue 26/02/19
What time did you get into bed?	11:00 PM							
What time did you try to go to sleep?	12:15 AM							
How long did it take you to fall asleep?	20 mins							
How many times did you wake up, not counting your final awakening?	0 times							
In total, how long did these awakenings last?								
What time was your final awakening?	7:30 AM							
What time did you get out of bed for the day?	7:30 AM							
How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good
How well rested or refreshed did you feel when you woke up for the day?	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input checked="" type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested
Did you nap today?	Yes							
time(s) and how long napped total	4 PM, 30 mins							
How many caffeinated drinks did you have? (coffee, tea, soda, energy drinks)	0							
time you finished last caffeinated drink								
Did you take anything to help you sleep?	No							
What, how much, and when?								
Comments (if applicable)	exam tomorrow							

**Sample**

Today's date (dd/mm/yyyy) The night of...	27/02/2019	Wed 27/02/19	Thu 28/02/19	Fri 01/03/19	Sat 02/03/19	Sun 03/03/19	Mon 04/03/19	Tue 05/03/19	
What time did you get into bed?	11:25 PM								
What time did you try to go to sleep?	11:30 PM								
How long did it take you to fall asleep?	5 mins								
How many times did you wake up, not counting your final awakening?	2 times								
In total, how long did these awakenings last?	10 mins								
What time was your final awakening?	7:25 AM								
What time did you get out of bed for the day?	7:40 AM								
How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	
How well rested or refreshed did you feel when you woke up for the day?	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input checked="" type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested	<input type="checkbox"/> Not at all rested <input type="checkbox"/> Slightly rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Well rested <input type="checkbox"/> Very well rested
Did you nap today?	No								
time(s) and how long napped total									
How many caffeinated drinks did you have? (coffee, tea, soda, energy drinks)	3								
time you finished last caffeinated drink	7:00PM								
Did you take anything to help you sleep?	No								
What, how much, and when?									
Comments (if applicable)	experiment Thurs								