



<p><b>Date</b></p> <p>What time did you go to bed (time)?</p> <p>How long did it take you to fall asleep? <i>(minutes)</i></p> <p>How often did you wake up during the night?</p> <p>How many hours did you sleep? <i>(This may be different than the number of hours you spent in bed)</i></p> <p><b>Quality of sleep</b></p> <table border="0"> <tr> <td>Very good</td> <td>Fairly bad</td> </tr> <tr> <td>Fairly good</td> <td>Very bad</td> </tr> </table> <p><b>Notes</b> <i>(Record any other relevant information, such as use of medications, including side effects; reasons for poor sleep, for example, feeling hot or cold, going to toilet, passing a catheter, pain)</i></p>	Very good	Fairly bad	Fairly good	Very bad	<p><b>Date</b></p> <p>What time did you go to bed (time)?</p> <p>How long did it take you to fall asleep? <i>(minutes)</i></p> <p>How often did you wake up during the night?</p> <p>How many hours did you sleep? <i>(This may be different than the number of hours you spent in bed)</i></p> <p><b>Quality of sleep</b></p> <table border="0"> <tr> <td>Very good</td> <td>Fairly bad</td> </tr> <tr> <td>Fairly good</td> <td>Very bad</td> </tr> </table> <p><b>Notes</b> <i>(Record any other relevant information, such as use of medications, including side effects; reasons for poor sleep, for example, feeling hot or cold, going to toilet, passing a catheter, pain)</i></p>	Very good	Fairly bad	Fairly good	Very bad	<p><b>Date</b></p> <p>What time did you go to bed (time)?</p> <p>How long did it take you to fall asleep? <i>(minutes)</i></p> <p>How often did you wake up during the night?</p> <p>How many hours did you sleep? <i>(This may be different than the number of hours you spent in bed)</i></p> <p><b>Quality of sleep</b></p> <table border="0"> <tr> <td>Very good</td> <td>Fairly bad</td> </tr> <tr> <td>Fairly good</td> <td>Very bad</td> </tr> </table> <p><b>Notes</b> <i>(Record any other relevant information, such as use of medications, including side effects; reasons for poor sleep, for example, feeling hot or cold, going to toilet, passing a catheter, pain)</i></p>	Very good	Fairly bad	Fairly good	Very bad	<p><b>Date</b></p> <p>What time did you go to bed (time)?</p> <p>How long did it take you to fall asleep? <i>(minutes)</i></p> <p>How often did you wake up during the night?</p> <p>How many hours did you sleep? <i>(This may be different than the number of hours you spent in bed)</i></p> <p><b>Quality of sleep</b></p> <table border="0"> <tr> <td>Very good</td> <td>Fairly bad</td> </tr> <tr> <td>Fairly good</td> <td>Very bad</td> </tr> </table> <p><b>Notes</b> <i>(Record any other relevant information, such as use of medications, including side effects; reasons for poor sleep, for example, feeling hot or cold, going to toilet, passing a catheter, pain)</i></p>	Very good	Fairly bad	Fairly good	Very bad
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