

	<i>sample</i>							
<b>Today's date</b>	04/01/17							
<b>1. What time did you get into bed?</b>	22:15 p.m.							
<b>2. What time did you try to go to sleep?</b>	11:30 p.m.							
<b>3. How long did it take you to fall asleep?</b>	55min.							
<b>4. How many time did you wake up, not counting your final awakening?</b>	3 times							
<b>5. In total, how long did these awakening last?</b>	1 hour 10 min.							
<b>6. What time was your final awakening?</b>	6:35 a.m.							
<b>7. What time did you get out of the bed for the day?</b>	7:20 a.m.							
<b>8. How would you rate the quality of your sleep?</b>	<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	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good
<b>9. Comments (if applicable)</b>	I have a cold							