Date	Bedtime	Wake Time	Estimated Total Sleep (hrs)	Did You Wake Up During the Night? (Y/N)	How Rested Did You Feel? (1-5)	Caffeine After 1 PM? (Y/N)	Alcohol in the Evening? (Y/N)	Did You Follow a Wind-Down Routine? (Y/N)	Used Screens Before Bed? (Y/N)	Morning Sunlight (Y/N)	Evening Sunlight (Y/N)	Notes