7 Day Sleep Diary: Adolescent (10-17 years)

Instructions
Complete your sleep diary for 7-14 days. Fill it in within an hour of getting out of bed in the morning, and in the evening. If you forget to fill in the diary leave it blank for that day.
If your sleep or daytime functioning is affected by some unusual event (such as an illness or an emergency) please make brief notes in the comments section.
Don't worry about giving exact times, and you should not watch the clock. Just give your best estimate.

Your Name:

Complete in the MORNING - Your sleep last night	*This coloumn shows example diary entries - use as a model for your own diary.*								
Today's day and date	*Mon, 12/2*								
What time did you get into bed last night?	*9:00 PM*								
What time did you try to go to sleep? i.e. lights out	*9:30 PM*								
Did you take any medications to help you sleep? (If yes, please list medications, dose and time taken)	*CBD oil, 25mg, 8pm*								
How long did it take you to fall asleep? (Approximately; In minutes)	*55*								
How many times did you wake up, not counting your final awakening?	*3*								
In total, how long did these awakenings last? (In minutes)	*70*								
What time did you wake up this morning?	*6:35 AM*								
What time did you get out of bed this morning?	*7:20 AM*								
About how long were you in bed in total? (Asleep and awake) (In hours:minutes)	*10:20*								
About how long do you think you slept in total? (In hours)	*7*								
How would you rate the quality of your sleep? (1 = very poor, 5 = very good)	*3*								
How rested or refreshed do you feel when you woke up for the day? (1 = not at all, 5 = very well rested)	*2*								
Complete in the EVENING - Your day today									
How much energy did you have today? (0 = no energy, 10 = great)	*6*								
How was your mood today? (0 = awful, 10 = great)	*7*								
How many times did you nap/doze, and what times.	*2 times; 1pm; 6.30pm.*								
In total, how long did you nap? (In minutes)	*40*								
If you had an alcoholid drink, what time was your last alcoholic drink?	*7pm*								
How many caffeinated drinks (coffee, soft drink, tea, energy drinks) did you have today?	*2*								
What time was your last caffeinated drink?	*3pm*								
How much exercise did you do today? (Approximately; In minutes)	*20*								
What did you do in the hour before you fell asleep?	*Watched TV*								
Comments (if applicable)	*I have a cold*								