

Resource #2

Date:	I PLAN TO:	I COMPLETED:
6:00 a.m.		<input type="checkbox"/>
7:00 a.m.		<input type="checkbox"/>
8:00 a.m.		<input type="checkbox"/>
9:00 a.m.		<input type="checkbox"/>
10:00 a.m.		<input type="checkbox"/>
11:00 a.m.		<input type="checkbox"/>
12:00 p.m.		<input type="checkbox"/>
1:00 p.m.		<input type="checkbox"/>
2:00 p.m.		<input type="checkbox"/>
3:00 p.m.		<input type="checkbox"/>
4:00 p.m.		<input type="checkbox"/>
5:00 p.m.		<input type="checkbox"/>
6:00 p.m.		<input type="checkbox"/>
7:00 p.m.		<input type="checkbox"/>
8:00 p.m.		<input type="checkbox"/>
9:00 p.m.		<input type="checkbox"/>

Medications _____

How many hour did I sleep?

Awake # of times

When I woke up, I was rested

1 2 3 4 5 6 7 8 9 10
not at all completed rested