

Diário do Sono

Dia do mês							
Dia da semana							
Hora que me deitei na cama							
Tempo para iniciar o sono							
Número de vezes que acordei durante a noite							
Hora que acordei							
Hora que me levantei da cama							
Qualidade do sono: 1. Ruim 2. Regular 3. Bom							
Ao acordar me sentia: 1. Bem 2. Regular 3. Mal							
Cochilei durante o dia? Quanto tempo?							
Usei medicamentos? Quais?							

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