Day 1

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| Activity | Start Time | Stop Time | Feelings? Notes? Things you missed out on?  |
| (Wake up) |  |  |  |
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| (Go to Sleep) |  |  |  |

Day 2

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| --- | --- | --- | --- |
| Activity | Start Time | Stop Time | Feelings? Notes? Things you missed out on?  |
| (Wake up) |  |  |  |
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