Survey before going to bed:

Did you do exercise today? Yes~~/No~~

When did you have dinner? (3,2,1 hour ago or not had dinner) 4hr ago

Did you have sex today? ~~Yes/~~No

In the last X hours did you: (select all that apply)

Drink alcohol

Smoke

~~Drink coffee~~

Do you sleep naked? Yes/No

In the last hour did you drink water? ~~Yes/~~No

Do you sleep with electronic devices turned on in you room? Yes~~/No~~

Do you feel tired? Yes~~/No~~ (If not, tell to wait 15 mins before going to bed)

Survey after getting out of bed:

Did you wake up to: dark room/~~artificial light~~/~~natural light~~? (select one)

Did you wake up to urinate during the night? ~~Yes/~~No

Did you turn the lights on during the night? ~~Yes/~~No

Did any electronic device wake you up? Yes~~/No~~

Do you feel tired? Yes~~/No~~

Overall, do you feel like you had a good sleep? ~~Yes/~~No