

Name \_\_\_\_\_

Day 1 Date _____ Try to wear your palate for <b>5 mins</b> Actual Time: _____	Very Comfortable 	Quite Comfortable 	Ok 	Uncomfortable 	Very Uncomfortable 
Day 2 Date _____ Try to wear your palate for <b>10 mins</b> Actual Time: _____	Very Comfortable 	Quite Comfortable 	Ok 	Uncomfortable 	Very Uncomfortable 
Day 3 Date _____ Try to wear your palate for <b>15 mins</b> Actual Time: _____	Very Comfortable 	Quite Comfortable 	Ok 	Uncomfortable 	Very Uncomfortable 
Day 4 Date _____ Try to wear your palate for <b>20 mins</b> Actual Time: _____	Very Comfortable 	Quite Comfortable 	Ok 	Uncomfortable 	Very Uncomfortable 
Day 5 Date _____ Try to wear your palate for <b>30 mins</b> Actual Time: _____	Very Comfortable 	Quite Comfortable 	Ok 	Uncomfortable 	Very Uncomfortable 
Day 6 Date _____ Try to wear your palate for <b>40 mins</b> Actual Time: _____	Very Comfortable 	Quite Comfortable 	Ok 	Uncomfortable 	Very Uncomfortable 