

BETTER

7 day sleep journal

Get insights into your sleep patterns and unlock the secrets to a good night's rest.



DAY 1

Total number of hours slept _____

What time did you go to bed?

_____ : _____ am
_____ : _____ pm

What time did you get up?

_____ : _____ am
_____ : _____ pm

How did you fall asleep?

- easy
- after a while
- with difficulty

How did you feel after waking up?

- refreshed
- just okay
- tired

Your sleep was disturbed by:

How did you feel throughout the day?

How many caffeinated beverages did you drink?

_____ coffee
_____ tea
_____ soda
_____ other

Did you drink alcohol?

- yes
- no

DAY 2

Total number of hours slept _____

What time did you go to bed?

_____ : _____ *am*
_____ : _____ *pm*

What time did you get up?

_____ : _____ *am*
_____ : _____ *pm*

How did you fall asleep?

- easy*
- after a while*
- with difficulty*

How did you feel after waking up?

- refreshed*
- just okay*
- tired*

Your sleep was disturbed by:

How did you feel throughout the day?

How many caffeinated beverages did you drink?

_____ *coffee*
_____ *tea*
_____ *soda*
_____ *other*

Did you drink alcohol?

- yes*
- no*

DAY 3

Total number of hours slept _____

What time did you go to bed?

_____ : _____ *am*
_____ : _____ *pm*

What time did you get up?

_____ : _____ *am*
_____ : _____ *pm*

How did you fall asleep?

- easy*
- after a while*
- with difficulty*

How did you feel after waking up?

- refreshed*
- just okay*
- tired*

Your sleep was disturbed by:

How did you feel throughout the day?

How many caffeinated beverages did you drink?

_____ *coffee*
_____ *tea*
_____ *soda*
_____ *other*

Did you drink alcohol?

- yes*
- no*

DAY 4

Total number of hours slept _____

What time did you go to bed?

_____ : _____ *am*
_____ : _____ *pm*

What time did you get up?

_____ : _____ *am*
_____ : _____ *pm*

How did you fall asleep?

- easy*
- after a while*
- with difficulty*

How did you feel after waking up?

- refreshed*
- just okay*
- tired*

Your sleep was disturbed by:

How did you feel throughout the day?

How many caffeinated beverages did you drink?

_____ *coffee*
_____ *tea*
_____ *soda*
_____ *other*

Did you drink alcohol?

- yes*
- no*

DAY 5

Total number of hours slept _____

What time did you go to bed?

_____ : _____ *am*
_____ : _____ *pm*

What time did you get up?

_____ : _____ *am*
_____ : _____ *pm*

How did you fall asleep?

- easy*
- after a while*
- with difficulty*

How did you feel after waking up?

- refreshed*
- just okay*
- tired*

Your sleep was disturbed by:

How did you feel throughout the day?

How many caffeinated beverages did you drink?

_____ *coffee*
_____ *tea*
_____ *soda*
_____ *other*

Did you drink alcohol?

- yes*
- no*

DAY 6

Total number of hours slept _____

What time did you go to bed?

_____ : _____ *am*
_____ : _____ *pm*

What time did you get up?

_____ : _____ *am*
_____ : _____ *pm*

How did you fall asleep?

- easy*
- after a while*
- with difficulty*

How did you feel after waking up?

- refreshed*
- just okay*
- tired*

Your sleep was disturbed by:

How did you feel throughout the day?

How many caffeinated beverages did you drink?

_____ *coffee*
_____ *tea*
_____ *soda*
_____ *other*

Did you drink alcohol?

- yes*
- no*

DAY 7

Total number of hours slept _____

What time did you go to bed?

_____ : _____ *am*
_____ : _____ *pm*

What time did you get up?

_____ : _____ *am*
_____ : _____ *pm*

How did you fall asleep?

- easy*
- after a while*
- with difficulty*

How did you feel after waking up?

- refreshed*
- just okay*
- tired*

Your sleep was disturbed by:

How did you feel throughout the day?

How many caffeinated beverages did you drink?

_____ *coffee*
_____ *tea*
_____ *soda*
_____ *other*

Did you drink alcohol?

- yes*
- no*

