### DAY 1

<table>
<thead>
<tr>
<th>How did you fall asleep?</th>
<th>How did you feel after waking up?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ easy</td>
<td>□ refreshed</td>
</tr>
<tr>
<td>□ after a while</td>
<td>□ just okay</td>
</tr>
<tr>
<td>□ with difficulty</td>
<td>□ tired</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your sleep was disturbed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many caffeinated beverages did you drink?</th>
<th>Did you drink alcohol?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ coffee</td>
<td>□ yes</td>
</tr>
<tr>
<td>☐ tea</td>
<td>□ no</td>
</tr>
<tr>
<td>☐ soda</td>
<td></td>
</tr>
<tr>
<td>☐ other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What time did you go to bed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>: am</td>
</tr>
<tr>
<td>: pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What time did you get up?</th>
</tr>
</thead>
<tbody>
<tr>
<td>: am</td>
</tr>
<tr>
<td>: pm</td>
</tr>
</tbody>
</table>

Get insights into your sleep patterns and unlock the secrets to a good night’s rest.
DAY 2

Total number of hours slept

What time did you go to bed?

What time did you get up?

am

pm


How did you fall asleep?

How did you feel after waking up?

easy

after a while

just okay

with difficulty

refreshed

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?

What time did you get up?

am

pm


How did you fall asleep?

How did you feel after waking up?

easy

after a while

just okay

with difficulty

refreshed

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

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

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

What time did you go to bed?

: ______________________ am
: ______________________ pm

How did you fall asleep?

☐ easy
☐ after a while
☐ with difficulty

Your sleep was disturbed by:

____________________________________
____________________________________
____________________________________

How many caffeinated beverages did you drink?

____ coffee
____ tea
____ soda
____ other

Did you drink alcohol?

☐ yes
☐ no

What time did you get up?

: ______________________ am
: ______________________ pm

How did you feel after waking up?

☐ refreshed
☐ just okay
☐ tired

How did you feel throughout the day?

____________________________________
____________________________________
____________________________________

DAY 7

What time did you go to bed?

: ______________________ am
: ______________________ pm

How did you fall asleep?

☐ easy
☐ after a while
☐ with difficulty

Your sleep was disturbed by:

____________________________________
____________________________________
____________________________________

How many caffeinated beverages did you drink?

____ coffee
____ tea
____ soda
____ other

Did you drink alcohol?

☐ yes
☐ no

What time did you get up?

: ______________________ am
: ______________________ pm

How did you feel after waking up?

☐ refreshed
☐ just okay
☐ tired

How did you feel throughout the day?

____________________________________
____________________________________
____________________________________

Did you drink alcohol?

☐ yes
☐ no
## SUMMARY

<table>
<thead>
<tr>
<th>Category</th>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
<th>DAY 4</th>
<th>DAY 5</th>
<th>DAY 6</th>
<th>DAY 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>I went to bed at my ideal time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I woke up at my ideal time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It was easy for me to fall asleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt great after waking up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My sleep was peaceful uninterrupted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt great throughout the day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much caffeine did I drink?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much alcohol did I drink?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rate each category from 0-5.