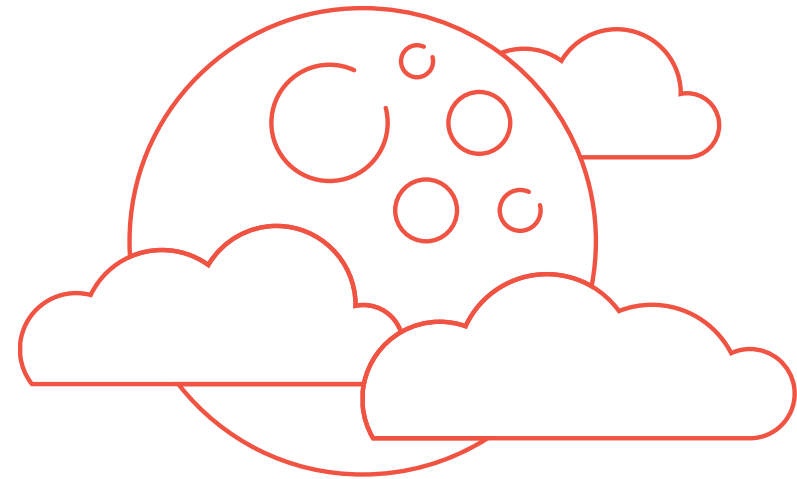


# Sleep Journal

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 WAKE UP? \_\_\_\_\_ AM/PM

*How did you fall asleep?*

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

*How did you feel after waking up?*

- REFRESHED
- JUST OK
- TIRED

*How much caffeine did you drink?*

- COFFEE
- TEA
- SODA
- OTHER

*Did you drink alcohol?*

- YES
- NO

*How did you feel throughout the day (energized, sleepy, etc.)?*

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*How did you feel after waking up?*

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# Day 2

TOTAL NUMBER OF HOURS SLEPT \_\_\_\_\_

WHAT TIME DID YOU GO TO BED? \_\_\_\_\_ AM/PM

WHAT TIME DID YOU WAKE UP? \_\_\_\_\_ AM/PM

*How did you fall asleep?*

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

*How did you feel after waking up?*

- REFRESHED
- JUST OK
- TIRED

*How much caffeine did you drink?*

- COFFEE
- TEA
- SODA
- OTHER

*Did you drink alcohol?*

- YES
- NO

*How did you feel throughout the day (energized, sleepy, etc.)?*

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*How did you feel after waking up?*

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# Day 3

TOTAL NUMBER OF HOURS SLEPT \_\_\_\_\_

WHAT TIME DID YOU GO TO BED? \_\_\_\_\_ AM/PM

WHAT TIME DID YOU WAKE UP? \_\_\_\_\_ AM/PM

*How did you fall asleep?*

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

*How did you feel after waking up?*

- REFRESHED
- JUST OK
- TIRED

*How much caffeine did you drink?*

- COFFEE
- TEA
- SODA
- OTHER

*Did you drink alcohol?*

- YES
- NO

*How did you feel throughout the day (energized, sleepy, etc.)?*

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*How did you feel after waking up?*

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# Day 4

TOTAL NUMBER OF HOURS SLEPT \_\_\_\_\_

WHAT TIME DID YOU GO TO BED? \_\_\_\_\_ AM/PM

WHAT TIME DID YOU WAKE UP? \_\_\_\_\_ AM/PM

*How did you fall asleep?*

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

*How did you feel after waking up?*

- REFRESHED
- JUST OK
- TIRED

*How much caffeine did you drink?*

- COFFEE
- TEA
- SODA
- OTHER

*Did you drink alcohol?*

- YES
- NO

*How did you feel throughout the day (energized, sleepy, etc.)?*

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*How did you feel after waking up?*

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# Day 5

TOTAL NUMBER OF HOURS SLEPT \_\_\_\_\_

WHAT TIME DID YOU GO TO BED? \_\_\_\_\_ AM/PM

WHAT TIME DID YOU WAKE UP? \_\_\_\_\_ AM/PM

*How did you fall asleep?*

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

*How did you feel after waking up?*

- REFRESHED
- JUST OK
- TIRED

*How much caffeine did you drink?*

- COFFEE
- TEA
- SODA
- OTHER

*Did you drink alcohol?*

- YES
- NO

*How did you feel throughout the day (energized, sleepy, etc.)?*

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*How did you feel after waking up?*

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# Day 6

TOTAL NUMBER OF HOURS SLEPT \_\_\_\_\_

WHAT TIME DID YOU GO TO BED? \_\_\_\_\_ AM/PM

WHAT TIME DID YOU WAKE UP? \_\_\_\_\_ AM/PM

*How did you fall asleep?*

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

*How did you feel after waking up?*

- REFRESHED
- JUST OK
- TIRED

*How much caffeine did you drink?*

- COFFEE
- TEA
- SODA
- OTHER

*Did you drink alcohol?*

- YES
- NO

*How did you feel throughout the day (energized, sleepy, etc.)?*

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*How did you feel after waking up?*

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# Day 7

TOTAL NUMBER OF HOURS SLEPT \_\_\_\_\_

WHAT TIME DID YOU GO TO BED? \_\_\_\_\_ AM/PM

WHAT TIME DID YOU WAKE UP? \_\_\_\_\_ AM/PM

*How did you fall asleep?*

- EASILY
- IT TOOK A BIT
- IT WAS DIFFICULT

*How did you feel after waking up?*

- REFRESHED
- JUST OK
- TIRED

*How much caffeine did you drink?*

- COFFEE
- TEA
- SODA
- OTHER

*Did you drink alcohol?*

- YES
- NO

*How did you feel throughout the day (energized, sleepy, etc.)?*

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*How did you feel after waking up?*

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