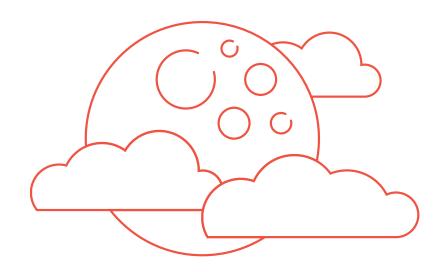
## Sleep Journal

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?	PM WHAT TIME DID YOU WAKE UP?	AM/PM
How did you fall asleep?	How did you feel after waking up?	How much caffeine did you drink?	Did you drink alcohol?	
☐ EASILY ☐ IT TOOK A BIT ☐ IT WAS DIFFICULT	☐ REFRESHED ☐ JUST OK ☐ TIRED	☐ COFFEE ☐ TEA ☐ SODA ☐ OTHER	☐ YES ☐ NO	
How did you feel throughout	the day (energized, sleepy, etc.)?	How did you feel after waking u	<i>p</i> ?	
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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?	How did you feel after waking up?	How much caffeine did you drink?		Did you drink alcohol?	
☐ EASILY	REFRESHED	COFFEE		☐ YES	
☐ IT TOOK A BIT	JUST OK	 □ TEA		□ NO	
☐ IT WAS DIFFICULT	☐ TIRED	☐ SODA ☐ OTHER			
How did you feel throughout	t the day (energized, sleepy, etc.)?	How did you feel after waki	ing up?		
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?	How did you feel after waking up?	How much caffeine did you drink?		Did you drink alcohol?	
☐ EASILY	☐ REFRESHED	☐ COFFEE		☐ YES	
☐ IT TOOK A BIT	☐ JUST OK	☐ TEA		□ NO	
☐ IT WAS DIFFICULT	☐ TIRED	☐ SODA ☐ OTHER			
How did you feel throughout	the day (energized, sleepy, etc.)?	How did you feel after waki	ing up?		

**TOTAL NUMBER** 

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Day 4	TOTAL NUMBER OF HOURS SLEPT	WHAT TIME DID YOU GO TO BED?	WHAT TIME DID YOU WAKE UP?	AM/PM
How did you fall asleep?	How did you feel after waking up?	How much caffeine did you drink?	Did you drink alcohol?	
☐ EASILY	REFRESHED	☐ COFFEE	☐ YES	
☐ IT TOOK A BIT	☐ JUST OK	☐ TEA	□ NO	
☐ IT WAS DIFFICULT	☐ TIRED	☐ SODA ☐ OTHER		
How did you feel throughout	t the day (energized, sleepy, etc.)?	How did you feel after waking up	?	
Day 5	TOTAL NUMBER OF HOURS SLEPT	WHAT TIME DID YOU GO TO BED?	WHAT TIME DID YOU WAKE UP?	AM/PM
How did you fall asleep?	How did you feel after waking up?	How much caffeine did you drink?	Did you drink alcohol?	
☐ EASILY	☐ REFRESHED	☐ COFFEE	☐ YES	
☐ IT TOOK A BIT	☐ JUST OK	☐ TEA	□ NO	
☐ IT WAS DIFFICULT	☐ TIRED	☐ SODA ☐ OTHER		
How did you feel throughout	the day (energized, sleepy, etc.)?	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?	How did you feel after waking up?	How much caffeine did you drink?		Did you drink alcohol?	
☐ EASILY	☐ REFRESHED	☐ COFFEE		☐ YES	
☐ IT TOOK A BIT	☐ JUST OK	☐ TEA		□ NO	
☐ IT WAS DIFFICULT	☐ TIRED	SODA			
		☐ OTHER			
How did you feel throughout	t the day (energized, sleepy, etc.)?	How did you feel after wa	king up?		
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?	How did you feel after waking up?	How much caffeine did you drink?		Did you drink alcohol?	
☐ EASILY	REFRESHED	☐ COFFEE		☐ YES	
☐ IT TOOK A BIT	☐ JUST OK	☐ TEA		□ NO	
☐ IT WAS DIFFICULT	☐ TIRED	SODA			
		☐ OTHER			
How did you feel throughout	the day (energized, sleepy, etc.)?	How did you feel after wak	cing up?		