
Sleep

01 SLEEP

Pause and Reflect

How often do you wake up during the night?

Do you feel well-rested when you wake up in the morning?

What tiem do you typically go to bed and wake up?

Evaluate Your Current Sleep Environment (Circle YES or NO)

Do you have blackout curtains? YES | NO

Is your pillow comfortable? YES | NO

Is your mattress comfortable? YES | NO

Is your bedroom temperature cool enough (around 65°F)? YES | NO

Are there any sources of noise that wake you? YES | NO

Do you use earplugs or a white noise machine? YES | NO

Do you use an essential oil diffuser with calming scents? YES | NO

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Implementing Changes:

Choose at least one change to make your sleep environment or routine from the list below: (Check those you'll incorporate)

- [ ] Install blackout curtains
- [ ] Invest in a comfortable pillow or matress
- [ ] Adjust your bedroom temperature
- [ ] Use earplugs or a white noise machine
- [ ] Use an essential oil diffuser with calming scents
- [ ] Establish a consistent bedtime routine
- [ ] Put down your phone and other electronics 30-60 minutes before bed.

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Sleep Journal Use this journal to track your sleep patterns for the week.

Date:

Bedtime: ____________ Waketime: ____________ # of wakeups _____

Quality of sleep : 1 2 3 4 5 6 7 8 9 10 Strategies to improve sleep?

Dreams or disturbances? YES | NO

Date:

Bedtime: ____________ Waketime: ____________ # of wakeups _____

Quality of sleep : 1 2 3 4 5 6 7 8 9 10 Strategies to improve sleep?

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Dreams or disturbances? YES | NO

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Pause and Reflect

After implementing the change(s) for a week, reflect on the impact:

Change(s) made:

Impact on sleep quality:

Any new observations or improvements: