Daytime Habits for Better Sleep

1. **Did you drink at least 64 ounces of water today (ending by 6 p.m.)?**

   ☐ Yes ☐ No

2. **What time did you stop drinking fluids?**

   _____

3. **What time was your last meal/snack?**

   _____

4. **Did you consume caffeine after 2 p.m.?**

   ☐ Yes ☐ No

5. **Physical activity today:**

   ☐ None ☐ Light ☐ Moderate ☐ Intense

6. **Stress levels today:**

   ☐ Low ☐ Moderate ☐ High

Evening Wind-Down

1. **What time did you begin winding down?**

   _____

2. **Which of the following did you do?**

   ☐ Dimmed lights

   ☐ Turned off screens 1 hour before bed

- [ ] Read a book or listened to audio
- [ ] Legs-up-the-wall pose or stretching
- [ ] Breathing/meditation/journaling

3. Bedroom environment:

- [ ] Cool temperature (64–68°F)
- [ ] Quiet space, use ear plugs if needed
- [ ] Dark room or sleep mask
- [ ] No electronics near bed

Reflections

1. What worked well for sleep last night?

_____

_____

2. What disrupted or challenged your sleep?

_____

_____

3. What one change will you focus on tonight?

_____

_____