SLEEP TRACKER

Need a deeper dive into creating a routine that supports deep, restorative rest? Track your choices for 7–10 days, reflect on patterns, and identify what helps or hinders your sleep.

Morning Check-In (Complete Upon Waking)

1. **What time did you go to bed last night?**

_____

2. **What time did you wake up?**

_____

3. **How many total hours did you sleep?**

_____

4. **Did you wake during the night?**

☐ Yes ☐ No

If yes, how many times?

_____

5. **How would you rate your sleep quality?**

☐ Excellent ☐ Good ☐ Fair ☐ Poor

6. **How do you feel this morning?**

☐ Refreshed ☐ Tired Stiff/Sore ☐ Foggy