| Week 1 | | What ti | me did you | | Did you wake in the night? If so, why? How long did it take to go back to sleep? | Detail yesterday's food & drink, including times | Yesterday's exercise - what type, when and how long? | Yesterday's evening activity, what did you do and at what time? | How are your energy levels today? (0-5, 5 being excellent, 0 being poor) | How would you rate your mental wellbeing today? (0-5, 5 being excellent, 0 being poor) | How would you rate your sleep last night? (0-5, 5 being excellent, 0 being awful) |
|--------|-----------------------|-------------------------|-----------------------------|----------------------------|--|--|--|---|--|--|--|
| | Go to bed last night? | Go to sleep last night? | Wake up this morning? | Get up this morning? | | | | | | | |
| Day 1 | | | | | | | | | | | |
| Day 2 | | | | | | | | | | | |
| Day 3 | | | | | | | | | | | |
| Day 4 | | | | | | | | | | | |
| Day 5 | | | | | | | | | | | |
| Day 6 | | | | | | | | | | | |
| Day 7 | | | | | | | | | | | |

Week 1 notes - Make a note of anything specific for this week. Any good or bad nights? Anything that seemed to impact on how well you slept? Any patterns noticed yet?

| Week 2 | | What ti | me did you | | Did you wake in the night? If so, why? How long did it take to go back to sleep? | Detail yesterday's food & drink, including times | Yesterday's exercise - what type, when and how long? | Yesterday's evening activity, what did you do and at what time? | How are your energy levels today? (0-5, 5 being excellent, 0 being poor) | How would you rate your mental wellbeing today? (0-5, 5 being excellent, 0 being poor) | How would you rate your sleep last night? (0-5, 5 being excellent, 0 being awful) |
|--------|-----------------------|-------------------------|-----------------------------|----------------------------|--|--|--|---|--|--|--|
| | Go to bed last night? | Go to sleep last night? | Wake up this morning? | Get up this morning? | | | | | | | |
| Day 1 | | | | | | | | | | | |
| Day 2 | | | | | | | | | | | |
| Day 3 | | | | | | | | | | | |
| Day 4 | | | | | | | | | | | |
| Day 5 | | | | | | | | | | | |
| Day 6 | | | | | | | | | | | |
| Day 7 | | | | | | | | | | | |

Week 2 notes - Make a note of anything specific for this week. Any good or bad nights? Anything that seemed to impact on how well you slept? Any patterns noticed yet?

| Week 3 | | What ti | me did you | | Did you wake in the night? If so, why? How long did it take to go back to sleep? | Detail yesterday's food & drink, including times | Yesterday's exercise - what type, when and how long? | Yesterday's evening activity, what did you do and at what time? | How are your energy levels today? (0-5, 5 being excellent, 0 being poor) | How would you rate your mental wellbeing today? (0-5, 5 being excellent, 0 being poor) | How would you rate your sleep last night? (0-5, 5 being excellent, 0 being awful) |
|--------|-----------------------|-------------------------|-----------------------------|----------------------------|--|--|--|---|--|--|--|
| | Go to bed last night? | Go to sleep last night? | Wake up this morning? | Get up this morning? | | | | | | | |
| Day 1 | | | | | | | | | | | |
| Day 2 | | | | | | | | | | | |
| Day 3 | | | | | | | | | | | |
| Day 4 | | | | | | | | | | | |
| Day 5 | | | | | | | | | | | |
| Day 6 | | | | | | | | | | | |
| Day 7 | | | | | | | | | | | |

Week 3 notes - Make a note of anything specific for this week. Any good or bad nights? Anything that seemed to impact on how well you slept? Any patterns noticed yet?

| Week 4 | | What ti | me did you | | Did you wake in the night? If so, why? How long did it take to go back to sleep? | Detail yesterday's food & drink, including times | Yesterday's exercise - what type, when and how long? | Yesterday's evening activity, what did you do and at what time? | How are your energy levels today? (0-5, 5 being excellent, 0 being poor) | How would you rate your mental wellbeing today? (0-5, 5 being excellent, 0 being poor) | How would you rate your sleep last night? (0-5, 5 being excellent, 0 being awful) |
|--------|-----------------------|-------------------------|-----------------------------|----------------------------|--|--|--|---|--|--|--|
| | Go to bed last night? | Go to sleep last night? | Wake up this morning? | Get up this morning? | | | | | | | |
| Day 1 | | | | | | | | | | | |
| Day 2 | | | | | | | | | | | |
| Day 3 | | | | | | | | | | | |
| Day 4 | | | | | | | | | | | |
| Day 5 | | | | | | | | | | | |
| Day 6 | | | | | | | | | | | |
| Day 7 | | | | | | | | | | | |

Week 4 notes - Make a note of anything specific for this week. Any good or bad nights? Anything that seemed to impact on how well you slept? Any patterns noticed yet?

YOUR SLEEP SOLUTIONS

Looking back over the last month, make a note of what has helped you sleep and how you are going to modify habits going forward, to enable positive changes.

| Mental Health What will you do to help you rest and relax? | |
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| Physical Health What will help you physically? Are there changes you will make to the amount/type of exercise you do? Are there changes you will make to your diet? | |
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| | |
| Bedroom Environment What changes will you make in your bedroom to make it a place of sleep and relaxation? | |
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