

GOALS

RISKS

TACTICS

Sleep Worksheet

TACTIC 01 / 05

STEP 1: ASSESS

Sleep Worksheet

DATE

SURVEY

RESULTS

Morningness-Eveningness
Questionnaire (MEQ)

Pittsburgh Sleep Quality
Index (PSQI)

Insomnia Severity Index

STOP-bang Questionnaire

Epworth Sleepiness Scale

Other Sleep Data
(Optional)

STEP 1: ASSESS

Sleep Worksheet

DATE

SLEEP FACTORS

BAD

OKAY

GOOD

Timing (Chronotype)

Temperature

Light

Devices

TV

Caffeine

Alcohol

Behaviors

Supplements & Medications

Meal timing

Stress

STEP 2: PLAN

Sleep Worksheet

DATE

HOW WILL I MAKE IMPROVEMENTS TO AREAS I RATED AS BAD OR OKAY?

HOW WILL I ASSESS MY PROGRESS?

HOW WILL I MEASURE THE IMPACT OF MY INTERVENTIONS?

STEP 3: TRACK

WEEK OF

Sleep Worksheet

TODAY ☀

MONTUESWEDTHURSFRI SATSUN

This morning I feel... BAD OKAY GOOD							
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LAST NIGHT 🌙

Time I went to sleep							
Time I woke up							
Sleep quality notes (naps, wake ups/cause)							
Stress level LOW MED HIGH							
Bedroom temperature							
Daytime brightness YES NO							
Nighttime darkness YES NO							
Last time I used a device (relative to sleep time)							
Last time I had caffeine (relative to sleep time)							
Last time I had alcohol (relative to sleep time + qty)							
Last time I ate food (relative to sleep time)							
Sleep medications or supplements taken							
Other relevant behaviors (exercise, hot shower, etc.)							

REFLECT

Sleep Worksheet

DATE

WHAT HAVE I FOUND TO BE MOST IMPACTFUL FOR CREATING GOOD OR BAD SLEEP OUTCOMES?

WHAT WILL I DO OVER THE NEXT 30 DAY PERIOD TO ACHIEVE BETTER OUTCOMES?

I WILL UPDATE MY RESULTS EVERY...

THE NEXT TIME I WILL UPDATE MY RESULTS IS...



Not medical advice

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