

Sleep Well! Weekly Plan - Evenings

Week: _____

Evening record right before switching off lights	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What time did you get up today?							
What was your mood during the day?	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆
Your performance capability?	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆
Your average stress level?	▽▽▽▽▽	▽▽▽▽▽	▽▽▽▽▽	▽▽▽▽▽	▽▽▽▽▽	▽▽▽▽▽	▽▽▽▽▽
Did you sleep during the day?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Workday - Start/End							
Alcohol consumption (what, when last?)							
Caffeine (what, when last?) <i>Coffee, tea, energy drinks, chocolate</i>							
Food (what, when last?)							
Medication taken? Which ones?							
Sports (what, when, how long?)							
Stay outdoors (for how long?)							
Screen activity (what, for how long?)							
Activity in the last hour before going to bed							
Special events? (Birthday, trip,...)							
What time did you go to bed?							
How tired do you feel right now?	▽▽▽▽▽	▽▽▽▽▽	▽▽▽▽▽	▽▽▽▽▽	▽▽▽▽▽	▽▽▽▽▽	▽▽▽▽▽
Are you in your usual environment?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Other notes for the day							

Sleep Well! Weekly Plan - Mornings

Week:

Morning Record after waking up	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
When did you wake up?							
With an alarm clock?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Did you have a dream?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
If yes, what was the dream about? What feelings did you have?							
When did you turn off lights yesterday?							
How long did it take to fall asleep?							
Done something to help you fall asleep better? What?							
How many times awake at night? Minutes each time?							
How long did you sleep in total (hrs.)?							
How well rested do you feel?	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆
What's your mood right now?	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆
Other notes							

Please fill in the plan as regularly as possible. It is not important to be very precise, you can estimate the data. Thus, you have an overview of your sleeping habits and can recognize correlations and patterns.