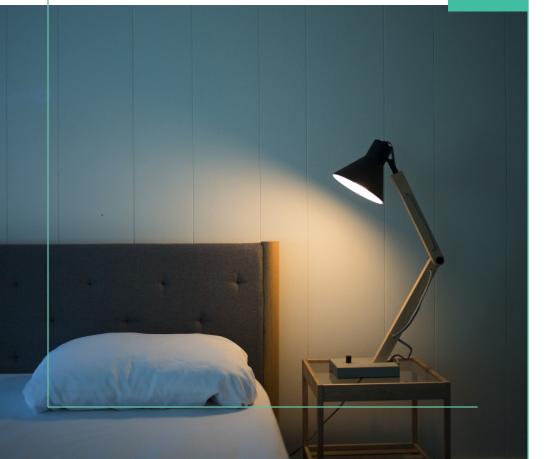
BETTER

7 day sleep journal

Get insights into your sleep patterns and unlock the secrets to a good night's rest.



DAY 1

What time did you go to bed?		What time did you get up?			
•	am	•	am		
•	_ <i>pm</i>	•	<i>pm</i>		
How did you fall asleep	?	How did you feel after waking up			
easy		refreshed			
after a while		just okay			
with difficulty		tired			
How did you feel throug	ghout the da	ay?			
How many caffeinated did you drink?	beverages	Did you drink alcoh	ol?		
How many caffeinated did you drink? coffee	beverages	Did you drink alcoh	ol?		
did you drink?	beverages		ol?		
did you drink? coffee	beverages	yes	ool?		

DAY 2

Total number of hours slept

DAY 3

What time did you go to bed?	What time did you get up?				
• am	am pm				
How did you fall asleep?	How did you feel after waking up?				
easy	refreshed				
after a while	just okay				
with difficulty	tired				
Your sleep was disturbed by:					
How did you feel throughout the c	day?				
How many caffeinated beverages did you drink?	Did you drink alcohol?				
•	yes				
coffee tea	no				
tea soda					
other					

What time did you go to bed?	What time did you get up?				
am pm	• am pm				
How did you fall asleep?	How did you feel after waking up refreshed				
after a while with difficulty	just okay tired				
Your sleep was disturbed by:					
How did you feel throughout the da	ay?				
How many caffeinated beverages did you drink? coffee tea soda other	Did you drink alcohol? yes no				

DAY 4

Total number of hours slept

DAY 5

What time did you go to bed?	What time did you get up?			
• am pm	•	am pm		
How did you fall asleep?	How did you feel aft	er waking up?		
easy	refreshed			
after a while	just okay			
with difficulty	tired			
How did you feel throughout the da	ay?			
How many caffeinated beverages did you drink?	Did you drink alcoh	ol?		
coffee	ves			
tea	no			
soda				
other				

What time did you go to bed?	What time did you get up?				
• am • pm	am pm				
How did you fall asleep? easy after a while with difficulty	How did you feel after waking up? refreshed just okay tired				
Your sleep was disturbed by:					
How did you feel throughout the da	ay?				
How many caffeinated beverages did you drink?					
coffee tea soda other	yes no				

DAY 6

Total number of hours slept

DAY 7

What time did you go to bed?	What time did you get up?					
• am • pm	am pm					
How did you fall asleep?	How did you feel after waking up?					
easy	refreshed					
after a while	just okay					
with difficulty	tired					
Your sleep was disturbed by:						
How did you feel throughout the da	ay?					
How many caffeinated beverages did you drink?	Did you drink alcohol?					
coffee	yes					
tea	\bigcap no					
soda	_					
other						

What time did you go to bed?	What time did you get up?				
am pm	am pm				
How did you fall asleep?	How did you feel after waking up?				
easy	refreshed				
after a while	just okay				
with difficulty	tired				
How did you feel throughout the da	ay?				
How many caffeinated beverages did you drink?	Did you drink alcohol?				
coffee	yes				
tea	no				
soda					
other					

SUMMARY

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
I went to bed at my ideal time							
l woke up at my ideal time							
It was easy for me to fall asleep							
I felt great after waking up							
My sleep was peaceful uninterrupted							
I felt great throughout the day							
How much caffeine did I drink?							
How much alcohol did I drink?							