

# Daily Sleep Patterns Checklist

*Print seven copies, and use one for each day.*

**Begin Date:**                      **Day:**                      **1**        **2**        **3**        **4**        **5**        **6**        **7**

Activity

Last activity before bed?

**Note Your Patterns**

Work	TV	Social Media	Computer	Eating	Socializing	Family Time	Reading	Other
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Comments:

Time of last meal or snack before sleeping?

Content of last meal or snack before sleeping?

Time you went to bed?

How easily did you fall asleep?

Time you got up?

Total sleep hours?

How many times did you wake up?

Note any dreams you recall.

How did you feel waking up?	Well rested.	Wanted to continue sleeping.	Really tired.	Excited to get going.
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Rate the following:	Excellent	Good	Fair	Poor	No Sleep	No Energy
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Quality of Sleep?

Energy Level:

Morning

Afternoon

Evening

## Sleep Patterns Recap

*At the end of the week, note the patterns you discovered.*

1	<b>Food, electronics, news: How long before going to bed do you stop?</b>
2	<b>How easily do you fall asleep?</b>
3	<b>Once asleep, do you stay asleep?</b>
4	<b>How often do you wake up?</b>
5	<b>Are you waking up refreshed and revitalized? Yes/No. Describe.</b>
6	<b>Do you recall dreams and messages more often? Yes/No. Describe.</b>
7	<b>What did you notice about your prosperity this week include (discounts, bonuses, gifts, more/less income, higher/lower expenses, etc.)?</b>
8	<b>What patterns would you like to shift?</b>