



Self Sleep Study Directions

What is your #1 sleep goal? _____

Declare it nightly

1. What time did you go to bed?
2. What time did you wake up?
3. How many total hours of sleep did you get?
4. Did you wake up during the night? If yes, what time?
5. What was the quality of your sleep? (Rate on a scale of 1 to 3, with 1 being the worst)
6. Was there anything that interfered with your sleep?
 - Food or drink? (from the day before i.e. caffeine, alcohol, food, overeating, undereating, etc.)
 - Thoughts or emotions? (i.e. worry fear, relationships. etc.)
 - Activities? (from the day before i.e. computers, exercise, work, etc.)
7. "Pro Sleep Measures"-What did I do to help me sleep well? (i.e. Essential Oils, supplements, bath, etc.)
8. What helped my sleep?
9. Evaluate your sleep according to your sleep goal
 - Weekly
 - Monthly