

Tracking Your Sleep Wellness

SLEEP WELLNESS DIARY



A Checklist to Get Quality Sleep

Think you're ready for bed? Let's make sure you are.

1. Tired?

This may sound simple and unnecessary, but don't go to bed until you are actually tired. Tired enough to quickly fall asleep.

2. Comfortable Bed and Pillow?

Make sure your bed and pillows are comfortable. You want to fall into comfort and serenity to help you drift into sleep.

3. Cool Dark Room?

Is your room prepped for sleep like you are? Make sure your room is nice and cool. Turn on a fan and close the door a half hour before you are ready to go in and fall asleep.

4. Quiet, Fan, or White Noise Machine?

Noises can keep you up all night. Lack of noise can have the same effect. Try a fan or white noise machine if you find noise or the lack of keeping you awake.

5. One Hour Blue Light Free?

Try to shut down electronic use an hour before you go to sleep. If you can't handle an hour, then start with fifteen minutes and work your way up. Turn off the TV and put away your phone.

6. Turned Off or Silenced Your Phone?

The beeping, dinging, and ringing can quickly put an end to a potentially perfect night of sleep. Be sure to turn them off or silence them to make sure you aren't awakened during the night.

Ready, Set, Sleep!

Were you able to check everything off? If so you are prepped and ready to enjoy a wonderful night of sleep, the kind of sleep you

How To Turn Your Morning From Blah Into Fantastic

Are you ready to wake up the right way and make your mornings more inspiring and worthwhile?

Do

- Get everything you need for the next day ready before bed (including your clothes and lunch)
- Set the alarm for the same time every morning including weekends
- · Get up the first time your alarm goes off
- · Take in some sunshine
- Take a morning shower
- Turn on some upbeat music
- · Enjoy a morning workout
- · Eat a healthy breakfast
- · Enjoy a cup of coffee or tea

Don't

- Select an annoying or jarring alarm
- Hit the snooze button on your alarm (not even once)
- Wake up in the dark
- Force yourself to make unnecessary decisions
- Turn on the TV while you're trying to get read
- Leave the house without drinking something
- Skip breakfast starting the day without fuel will keep you feeling tired

Put your morning on track to be fantastic by implementing this list of do's and don'ts into your morning

Begining to Track Your Sleep; Sleep Diary Instructions

Keeping a sleep diary is a great way to get a glimpse of your sleep-wake cycle and track the potential causes of your sleep problems. Our Sleep Diary is quite simple to use and only takes a few minutes of time to complete when you wake up and before going to bed.

Starting on Monday morning when you wake, fill out the "When I Wake" diary sheet. This sheet allows you to recognize how you slept the night before and not important factors contributing to your sleep.

Next, before going to bed Monday evening, fill out the "Before I fall asleep" diary sheet. This sheet tracks your stress level, mood, and daily/bedtime habits, that all play a role in the quality of your sleep.

Continue this process each morning and evening for the rest of the week. (This diary provides one week worth of tracking, but you can simply print copies if you'd like to continue.)

Once you have began tracking your sleep, you may notice patterns and how different factors can affect your sleep quality. Make changes to your routine and environment as you begin to see what positively and negatively

Date that I	began trac	king my s	leep wel	lness:

Monday

I

When I Wake Up

	minutes to fall a eep until I was actually	
I feel like I got end	ough sleep: 🗆 Yes 🗆	No
I woke up during t # of times _ # of minute		
□ Noise	☐ Discomfort	☐ Child
_	l (check all that apply): Refreshed □ Drowsy	□ Irritable
☐ Work hours	could have affected my Different sleep envi Monthly cycle for w Other:	ronment

Wake time:: 1 2 3 4 5 6 7 8 9 10 11 12 □ AM □ PM

Monday

Before I Fall Asleep

My Stress level today was...

My mood today was □ Very pleasant □ Pleasant □ Unpleasant □ \	/ery unpl	leasant	
I feel my stress was due to lack of sleep:	□ Yes	□No	
I found myself dozing off during daily activities:	□ Yes	□No	
I took a nap today (If yes, note the time and length):	☐ Yes	□ No	
I exercised today (If yes, note the time and length):	☐ Yes	□ No	
Medications I took today include (If any, note time	taken):		
Within 2 hours of going to bed I have consumed: ☐ Alcohol ☐ Caffeine ☐ Heavy meal			
The last meal/snack I ate was (note time I ate):			
My bedtime routine included:			
☐ Movie ☐ Book ☐ Bath ☐ Electronics ☐	☐ Other	(explain)	

Tuesday

When I Wake Up

	minutes to fall a eep until I was actually	
I feel like I got end	ough sleep: 🗆 Yes 🗆	No
I woke up during t # of times _ # of minute		
□ Noise	☐ Discomfort	☐ Child
•	l (check all that apply): Refreshed □ Drowsy	□ Irritable
☐ Work hours	could have affected my Different sleep envi Monthly cycle for w Other:	ironment

Tuesday

Before I Fall Asleep

My Stress level today was...

My mood today was □ Very pleasant □ Pleasant □ Unpleasant □ V	ery unpl	.easant	
I feel my stress was due to lack of sleep:	□ Yes	□No	
I found myself dozing off during daily activities:	□ Yes	□No	
I took a nap today (If yes, note the time and length):	☐ Yes	□ No	
I exercised today (If yes, note the time and length):	□ Yes	□ No	
Medications I took today include (If any, note time t	:aken):		
Within 2 hours of going to bed I have consumed: ☐ Alcohol ☐ Caffeine ☐ Heavy meal			
The last meal/snack I ate was (note time I ate):			
My bedtime routine included: ☐ Movie ☐ Book ☐ Bath ☐ Electronics ☐	□ Other	(explain)	

Bedtime: 1 2 3 4 5 6 7 8 9 10 11 12 AM PM

Wednesday

When I Wake Up

	eep until I was actually	
I feel like I got eno	ugh sleep: □ Yes □	No
I woke up during th # of times _ # of minutes		
□ Noise	up was because: □ Discomfort □ Spouse □ Chocking/gasping	☐ Child
This morning I feel □ Energized □ I □ Other:	(check all that apply): Refreshed Drowsy	□ Irritable
☐ Work hours	could have affected my Different sleep envi Monthly cycle for w Other:	ronment

Wednesday

Before I Fall Asleep

My Stress level today was...

My mood today was □ Very pleasant □ Pleasant □ Unpleasant □ V	ery unpl	.easant	
I feel my stress was due to lack of sleep:	□ Yes	□No	
I found myself dozing off during daily activities:	□ Yes	□No	
I took a nap today (If yes, note the time and length):	☐ Yes	□ No	
I exercised today (If yes, note the time and length):	□ Yes	□ No	
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The last meal/snack I ate was (note time I ate):			
My bedtime routine included: ☐ Movie ☐ Book ☐ Bath ☐ Electronics ☐	□ Other	(explain)	

Bedtime: 1 2 3 4 5 6 7 8 9 10 11 12 □ AM □ PM

Thursday

I

When I Wake Up

	minutes to fall a eep until I was actually	
I feel like I got end	ough sleep: 🗆 Yes 🗆	No
I woke up during t # of times _ # of minute		
□ Noise	☐ Discomfort	☐ Child
_	l (check all that apply): Refreshed □ Drowsy	□ Irritable
☐ Work hours	could have affected my Different sleep envi Monthly cycle for w Other:	ronment

Thursday

Before I Fall Asleep

My Stress level today was...

My mood today was ☐ Very pleasant ☐ Pleasant ☐ Unpleasant ☐ `	Very unp	leasant	
I feel my stress was due to lack of sleep:	☐ Yes	□No	
I found myself dozing off during daily activities:	☐ Yes	□ No	
I took a nap today (If yes, note the time and length):	□ Yes	□ No	
I exercised today (If yes, note the time and length):	☐ Yes	□ No	
Medications I took today include (If any, note time	taken):		
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The last meal/snack I ate was (note time I ate):			
My bedtime routine included: ☐ Movie ☐ Book ☐ Bath ☐ Electronics	□ Other	(explain)	

Friday

When I Wake Up

	minutes to fall a eep until I was actually	
I feel like I got end	ough sleep: 🗆 Yes 🗆	No
I woke up during t # of times _ # of minute		
□ Noise	☐ Discomfort	☐ Child
•	l (check all that apply): Refreshed □ Drowsy	□ Irritable
☐ Work hours	could have affected my Different sleep envi Monthly cycle for w Other:	ironment

Wake time: 1 2 3 4 5 6 7 8 9 10 11 12 □ AM □ PM

Friday

Before I Fall Asleep

My Stress level today was...

My mood today was □ Very pleasant □ Pleasant □ Unpleasant □ V	ery unpl	.easant	
I feel my stress was due to lack of sleep:	□ Yes	□No	
I found myself dozing off during daily activities:	□ Yes	□No	
I took a nap today (If yes, note the time and length):	☐ Yes	□ No	
I exercised today (If yes, note the time and length):	□ Yes	□ No	
Medications I took today include (If any, note time t	:aken):		
Within 2 hours of going to bed I have consumed: ☐ Alcohol ☐ Caffeine ☐ Heavy meal			
The last meal/snack I ate was (note time I ate):			
My bedtime routine included: ☐ Movie ☐ Book ☐ Bath ☐ Electronics ☐	□ Other	(explain)	

Bedtime: 1 2 3 4 5 6 7 8 9 10 11 12 □ AM □ PM

Saturday

When I Wake Up

	minutes to fall a eep until I was actually	
I feel like I got end	ough sleep: 🗆 Yes 🗆	No
I woke up during t # of times _ # of minute		
□ Noise	☐ Discomfort	☐ Child
•	l (check all that apply): Refreshed □ Drowsy	□ Irritable
☐ Work hours	could have affected my Different sleep envi Monthly cycle for w Other:	ironment

Wake time: 1 2 3 4 5 6 7 8 9 10 11 12 □ AM □ PM

Saturday

Before I Fall Asleep

My Stress level today was...

My mood today was \square Very pleasant \square Pleasant \square Unpleasant	☐ Very unple	easant			
I feel my stress was due to lack of sleep:	☐ Yes	□ No			
I found myself dozing off during daily activi	ties: 🗆 Yes	□ No			
I took a nap today (If yes, note the time and leng	th): 🗆 Yes	□ No			
I exercised today (If yes, note the time and length	n): 🗆 Yes	□ No			
Medications I took today include (If any, note time taken):					
Within 2 hours of going to bed I have consumed: ☐ Alcohol ☐ Caffeine ☐ Heavy meal					
The last meal/snack I ate was (note time I ate)	:				
My bedtime routine included: ☐ Movie ☐ Book ☐ Bath ☐ Electronic	s ∏Other <i>ic</i>	volaio\			
LINOVIC LI DOOK LI Datii LI LICCIIOIIIC		:vhraiii)			

Sunday

When I Wake Up

	minutes to fall a eep until I was actually	
I feel like I got end	ough sleep: 🗆 Yes 🗆	No
l woke up during t # of times _ # of minute		
□ Noise	☐ Discomfort	☐ Child
_	l (check all that apply): Refreshed □ Drowsy	□ Irritable
☐ Work hours	could have affected my Different sleep envi Monthly cycle for w Other:	ironment

Sunday

Before I Fall Asleep

My Stress level today was...

My mood today was ☐ Very pleasant ☐ Pleasant ☐ Unpleasant ☐ \	/ery unpl	leasant			
I feel my stress was due to lack of sleep:	□ Yes	□ No			
I found myself dozing off during daily activities:	□ Yes	□No			
I took a nap today (If yes, note the time and length):	□ Yes	□ No			
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☐ Movie ☐ Book ☐ Bath ☐ Electronics ☐	□ Other	(explain)			



Are you not getting a good night sleep?

Get to the bottom of your sleep problems with Vitalistics. Let us provide you with insights into your sleep problems so you can take the first step to reclaiming your sleep health.

Get started with Vitalistics today!

www.vitalistics.com





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