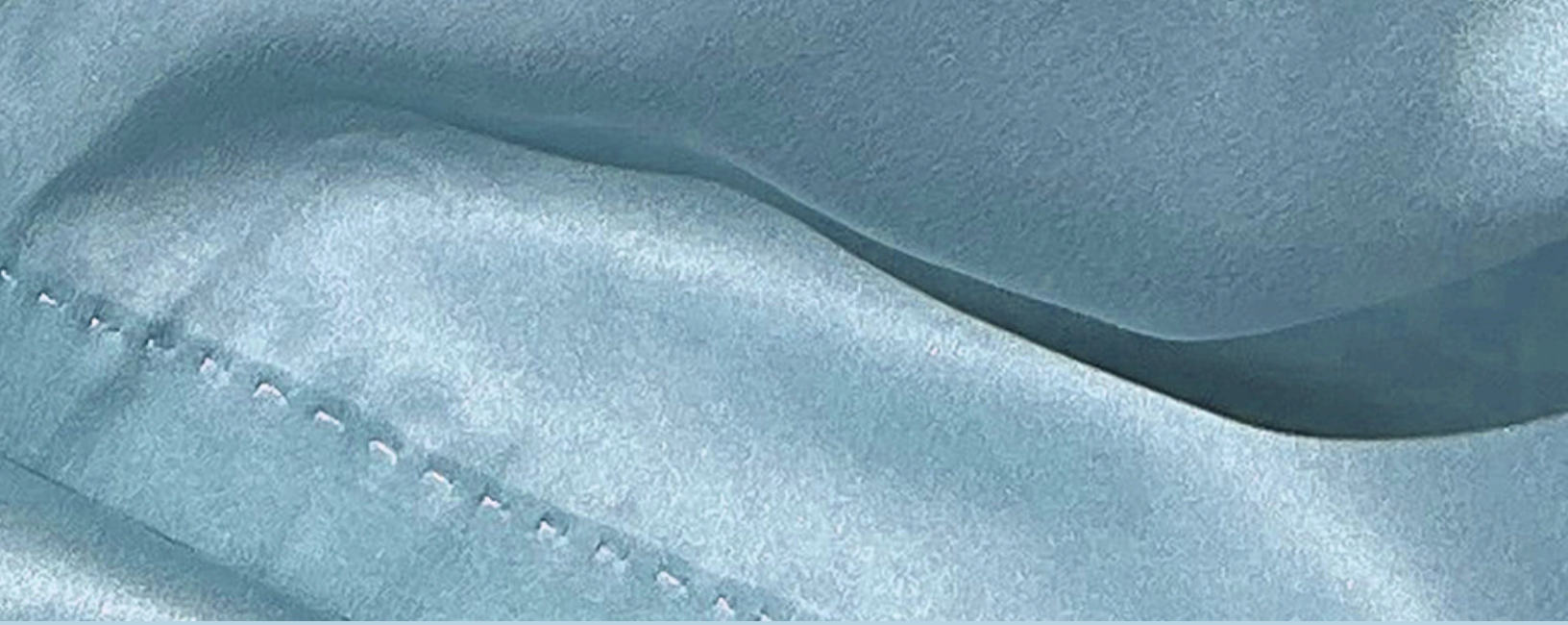
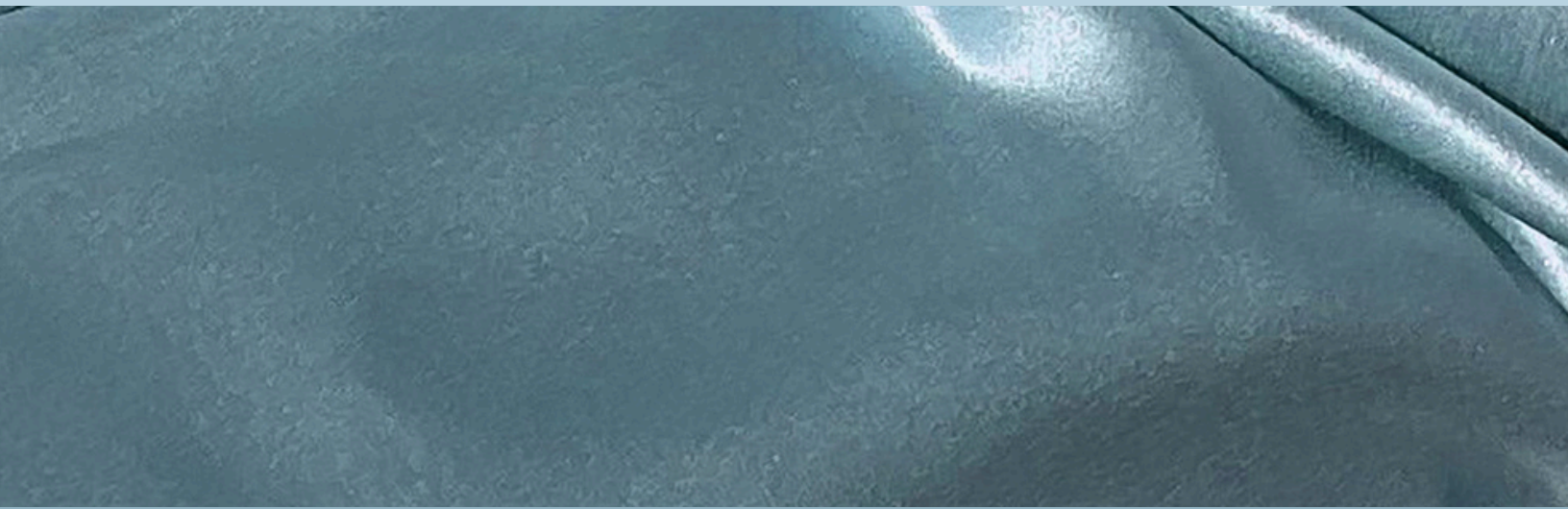


Personal Sleep Assessment

Enhancing Your Overall Well-being by Improving Sleep Quality



WELCOME!

Sleep plays a vital role in your overall well-being, serving as the foundation for your body's recovery and restoration. While often underestimated, the quality of your sleep can profoundly influence key aspects of your health, including digestive function, cravings, mood, energy levels, weight, and overall vitality.

To support you in evaluating your sleep patterns and understanding their impact, I've developed a comprehensive assessment designed to be a helpful resource. This sleep journal offers meaningful insights and actionable strategies to improve both the duration and quality of your rest. Each entry empowers you to take an active role in nurturing this crucial facet of your health, while gaining a clearer picture of how sleep shapes your life.

GENERAL GUIDELINES

Having a bedtime routine is essential for establishing healthy sleep habits. It sends cues to your body and mind, signaling that it's time to transition into rest mode. Here are some tips to create an effective bedtime routine that promotes relaxation and better sleep quality:

Stick to a Consistent Schedule

Aim to go to bed and wake up at the same time every day, even on weekends. This consistency helps regulate your circadian rhythm, making it easier to fall asleep and awaken feeling refreshed.

Limit Screen Time

Avoid screens (phones, tablets, TVs) at least 1–2 hours before bedtime. The blue light emitted by devices can interfere with melatonin production, delaying sleep.

Create a Relaxing Environment

Dim the lights in your bedroom and keep the space quiet, cool (around 60–67°F or 15–20°C), and comfortable. Cozy bedding and soothing colors can help enhance calmness.

GENERAL GUIDELINES, cont'd

Practice Relaxation Techniques

Incorporate calming activities such as mindfulness meditation, deep breathing exercises, or progressive muscle relaxation to prepare your body and mind for sleep.

Read or Journal

Reading a book or jotting down your thoughts, gratitude, or to-do lists for the next day can declutter your mind and reduce overthinking.

Take a Warm Bath or Shower

A warm soak an hour before bed can relax your muscles and lower your core body temperature, signaling to your body that it's time for sleep.

Avoid Stimulants and Heavy Meals

Minimize caffeine and nicotine intake later in the day, as their stimulatory effects can hinder your ability to fall asleep. Also, avoid heavy meals close to bedtime to prevent discomfort.

Engage in Gentle Yoga or Stretching

Light stretching or gentle yoga poses can help release tension in your body, leading to deeper relaxation.

GENERAL GUIDELINES, cont'd

Settle Into Gratitude or Positive Thoughts

Reflect on positive moments from your day or practice gratitude to foster a peaceful mindset before sleep.

Limit Alcohol Consumption

While alcohol may initially make you sleepy, it disrupts your sleep cycle and can reduce the quality of rest.

Gradually Transition

Start winding down at least 30 minutes to an hour before your intended bedtime, gradually moving into restful activities to ease the transition from wakefulness to sleep.

By establishing and sticking to a bedtime routine, you'll reinforce healthy sleep patterns, reduce nighttime stress, and wake up feeling more rejuvenated. Adjust your routine based on your preferences and needs to create a personalized ritual that resonates best with you!

INITIAL SLEEP ASSESSMENT

NAME: **DATE:**

Having a bedtime routine helps the body and mind understand that it's time to wind down, promoting better sleep quality. **Consistent routines** help regulate your circadian rhythm, making it easier to fall asleep and wake up refreshed. They can also help you to relax and reduce stress, paving the way for more restful sleep.

BEDTIME ROUTINE:

Please check all relevant boxes that describe your typical bedtime routine:

- [ ] Alcohol
- [ ] Smoke - traditional cigarettes / cannabis joint / E-cigarette / vapes
- [ ] Read a book or e-book
- [ ] Listen to music
- [ ] Meditation, mindfulness or breathing exercises
- [ ] Sleep aid app (e.g., Calm, Headspace)
- [ ] Listen to bedtime stories (ap) or podcasts
- [ ] Watch a movie - TV, laptop, iPad
- [ ] Scroll through social media - Tik Tok, Instagram, Facebook, YouTube etc
- [ ] Herbal Tea
- [ ] Regular Tea
- [ ] Take sleep supplements or medications
- [ ] Warm bath or shower
- [ ] Stretching/Yoga
- [ ] Dim the lights
- [ ] No screens, including the tv
- [ ] Journaling or reflective writing
- [ ] Exercise (Please specify type and duration):

- [ ] Other (please explain):

NUTRITION EVENING ROUTINE

A balanced evening meal with both protein and complex carbohydrates may help to improve sleep, while heavy or late-night meals might disrupt it. Limiting caffeine and alcohol close to bedtime is also advisable, as they can both interfere with sleep quality and quantity.

EVENING MEAL:

Please check all relevant boxes that describe your typical evening meal:

- ☐ Protein sources (e.g., meat, fish, beans)
- ☐ Carbohydrates - especially high in fiber
- ☐ Healthy fats (e.g., avocados, nuts, olive oil)
- ☐ Light meal
- ☐ Heavy or large meal
- ☐ Home-cooked meals most nights
- ☐ Rely on processed or pre-packaged foods
- ☐ Includes fresh produce or vegetables
- ☐ Includes plant-based food options
- ☐ Includes local or farm-fresh ingredients
- ☐ Eat out at restaurants more than twice a week
- ☐ Regular takeout/delivery - More than twice a week
- ☐ Consumption of caffeine in the evening (e.g., coffee, certain teas, soda)
- ☐ Alcohol Consumption
- ☐ Regularly have dessert
- ☐ Consume late-night snacks or meals
- ☐ Dietary restrictions or allergies (Please specify):

_____

_____

BED TIME

A consistent sleep schedule, including on weekends, can help to improve your sleep quality and quantity.

TIME WENT TO BED: **TIME YOU WOKE UP:**

Ease of Falling Asleep:

- ☐ Easy
- ☐ Took some time
- ☐ Difficult
- ☐ Very Difficult

Prescribed Medications taken:

- ☐ Medication 1: Dosage:
- ☐ Medication 2: Dosage:
- ☐ Medication 3: Dosage:
- ☐ Medication 4: Dosage:

Supplements Taken (if any):

- ☐ Supplement 1: Dosage: Reason:
- ☐ Supplement 2: Dosage: Reason:
- ☐ Supplement 3: Dosage: Reason:
- ☐ Supplement 4: Dosage: Reason:

Sleep Quality:

(Average) Total Number of Hours Slept Each Night:
Please select the range that best represents your average hours of sleep every night:

- ☐ < than 2 hrs
- ☐ 2-3 hours
- ☐ 3-4 hours
- ☐ 4-5 hours
- ☐ 5-6 hours
- ☐ 6-7 hours
- ☐ 7-8 hours
- ☐ 8-9 hours
- ☐ 9-10 hours
- ☐ > than 10 hrs

How long does it typically take you to fall asleep once in bed?
Please select the range that best represents your average hours of sleep every night:

- ☐ Less than 5 minutes
- ☐ 5-10 minutes
- ☐ 10-20 minutes
- ☐ 20-30 minutes
- ☐ 30-45 minutes
- ☐ 45-60 minutes
- ☐ More than 1 hour

Quality of sleep:

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

Disturbed Sleep:

☐ No ☐ Yes

Sleep Disturbances:

- ☐ Night Sweats
- ☐ Pain (please explain): _____
- ☐ Bad dreams
- ☐ Hot Flushes
- ☐ Frequent Awakenings
- ☐ Need to Urinate
- ☐ Anxious thoughts
- ☐ Children
- ☐ Noisy Partner (e.g. snoring)
- ☐ Leg Cramps
- ☐ Pets
- ☐ Environment (please explain):

_____

- ☐ Other (please explain):

_____

Sleep Environment:

Rate the comfort of your sleeping environment (e.g., bedding, temperature, noise):

- [ ] Very Comfortable
- [ ] Comfortable
- [ ] Neutral
- [ ] Uncomfortable
- [ ] Very Uncomfortable

Dream Recall:

- [ ] No
- [ ] Yes
- [ ] Notes on Dreams:

MORNING ROUTINE

WAKE-UP TIME:

Ease of Waking Up:

- [ ] Easy
- [ ] Somewhat easy
- [ ] Neutral
- [ ] Somewhat Difficult
- [ ] Very Difficult

Morning Energy Levels:

- [ ] Very Energized
- [ ] Energized
- [ ] Neutral
- [ ] Tired
- [ ] Very Tired
- [ ] Exhausted (went back to bed)

Breakfast Habits:

- [ ] Always eat breakfast
- [ ] Sometimes skip breakfast
- [ ] Often skip breakfast
- [ ] Always skip breakfast

- **If you eat breakfast, what do you typically have?**

_____

_____

- **Reason for skipping breakfast (if applicable):**

- [ ] Not hungry
- [ ] No time
- [ ] Trying to lose weight
- [ ] Don't like breakfast foods
- [ ] Other: _____

- **Coffee Consumption**

- [ ] None
- [ ] 1 cup
- [ ] 2 cups
- [ ] 3 or more cups

- **Reason for Coffee Consumption:**

- [ ] Enjoy the taste
- [ ] Need it to wake up
- [ ] Habitual
- [ ] Social reasons

Additional information:

_____

_____

_____

_____

ADDITIONAL INFORMATION

Shift Worker

- [ ] Yes
- [ ] No

Additional information:

Pregnant:

- [ ] Yes
- [ ] No

Weeks Pregnant/Pregnancy Symptoms (please explain):

Additional information:

Postpartum:

- [ ] Yes
- [ ] No

Additional information:

Breastfeeding:

- [ ] Yes
- [ ] No

Additional information:

Cosleeping:

- [ ] Bed-sharing with an infant
- [ ] Room-sharing: Keeping your child's crib, bassinet, or bed in your room

Additional information:

Sleep Training Your Infant:

- [ ] Yes
- [ ] No

Additional information:

Perimenopausal/Menopausal:

- [ ] Yes
- [ ] No

Peri/Menopausal Symptoms (please explain):

Additional information:

Elderly Family Members in the Household:

Do you have elderly parents or family members living with you? Their needs or habits may influence your sleep patterns.

- [ ] Yes
- [ ] No

If yes, please explain any sleep disturbances or challenges related to their care: