

# Weekly Sleep Hygiene Tracker

Depending on what they are, our habits will either make us or break us. We become what we repeatedly do.

Use this form (or as a template) to keep track of your sleep habits.

Date	Sleep Quality (1-10)	Bedtime	Wake Time	Time Asleep	Other Notes
<i>Example</i>	<i>6 (felt groggy and sluggish for the first 30 minutes)</i>	<i>11 PM</i>	<i>7 AM</i>	<i>7 hours 30 minutes</i>	<i>Took me 15 minutes to fall asleep and woke at 2 AM to use the bathroom and had a hard time falling back to sleep; had coffee late in the day and something on my mind from work</i>
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

What events or situations were challenging last week, and how could I handle them in the future?

What positive steps did I take last week?

I expect the following challenges this coming week:

My plan to deal with these challenges this coming week is: