

SENSATIONAL
SLEEP
JOURNAL

Better Sleep
For a Better You!

Sensational Sleep Assessment & Journal will help keep you accountable so you can get ***Better Sleep for a Better You!***

I am so glad you are taking the time to focus on improving your sleep. Remember the R.E.S.T. acronym and refer to the ***Sensational Sleep*** book for more detailed tips.

You will find below the ***Sensational Sleep*** questionnaire form. Fill this form out and tally your score. Fill this form out weekly.

Make copies for 30 days. Review every day and look at your weekly scores and review. Are they improving? If improving, the score number should be going down. The nights you slept right, why do you think that is? Did you have less caffeine? Or maybe you felt you were using more of your strengths throughout the day. Perhaps you get better sleep when you exercise in the morning? Take inventory and implement what is working for you.

Enjoy!

Stacey Duckett

A note to the Reader-Disclaimer:

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SENSATIONAL SLEEP

Better Sleep

For A Better You

Starts with:

Routine

Ergonomics & Exercise

Supplements / Detox

Take out what does not work!

Circadian Rhythm Reset

Improves your **SLEEP** which helps:

- Immunity
- Metabolism
- Focus
- Mobility

SENSATIONAL SLEEP Questionnaire

Make four copies. Fill out at the start and weekly thereafter.

1. How many hours of sleep a night do you typically get?
 - a. 7-8
 - b. 6-7
 - c. 5-6
 - d. 4-5
 - e. Under 4
2. Do you find it typically easy to fall asleep? Yes, or No?
3. How many times a night, on average, do you get up?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4+
4. Do you go to bed every night roughly at the same time, within 20 minutes? Yes, or No?
5. Do you wake up every day around the same time, within 20 minutes? Yes, or No?
6. Are you mostly alert and refreshed when you wake up? Yes, or No?
7. How many caffeine drinks or pills do you have a day?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4+
8. Do you refrain from naps? Yes, or No?
9. Do you exercise daily? Yes, or No?
10. How do you typically feel throughout the day?
 - a. Enthusiastic
 - b. Great
 - c. Good
 - d. Just Okay
 - e. Moody

For questions answered, give yourself:

- a. 5 points
- b. 4 points
- c. 3 points
- d. 2 points
- e. 1 point

For every yes, give yourself 5 points, no, give yourself 0 points.

Tally up your score: _____

45-50 A

40-44 B

35-39 C

30-34 D

0-29 F

Date: _____

Nighttime

Summary of today and any concerns:

When I sleep tonight, I will sleep quickly and deeply. May my dreams help me provide some clues to my goals in life.

My Goal is to get _____ hours of sleep daily.

I drank _____ caffeinated drinks today.

My last cup with caffeine _____ a.m./p.m.

I exercised _____ minutes _____ at _____ a.m./p.m.

Any nap, if yes for how long? _____

Any Medications? if yes what and how much? _____

Any alcohol _____ My last glass was at _____ a.m./p.m.

How many hours was your last meal prior to sleeping? _____

Any supplements? _____

I drank _____ ounces of water throughout the day.

My goal is to drink _____ ounces of water/day.

Today I used my _____ strengths.

Survey p.m.

1. During the day, I felt like I was going to fall asleep, for example, while driving, working at the computer, reading, etc.

- A. Not at all(1pt)
- B. Possible(2pt)
- C. Likely(3pt)
- D. Most likely(4pt)

2. During the day, I was mostly:

- A. Content(1pt)
- B. Somewhat content(2pt)
- C. Okay(3pt)
- D. Upset(4pt)

SCORE TOTAL for both questions _____

Date:

Morning Time

My Goal is to get _____ hours of sleep daily.

I laid down for bed at _____ a.m./p.m.

I woke up at _____ a.m./p.m.

Did I wake up during the night? How many times _____ for a total of how many minutes? _____

Last night I slept a total of how many hours? _____

If you woke up in the middle of the night or had a hard time falling asleep, why? Was it too hot or cold, too much on your mind, noise, pets, lights, allergies, and exercises later in the day, or did your work hours change?

Survey a.m.

1. I fell asleep:

- A. Easily (1pt)
- B. After some difficulty (2pt)
- C. A lot of difficulties (3pt)

2. When I woke up:

- A. I was awake (1pt)
- B. Somewhat awake (2pt)
- C. Tired (3pt)

SCORE _____

Dream Memory and Your Interpretation: