



MAYFLOWER
Spa

Date:

Weekly Sleep Journal For

DAYTIME ACTIVITIES & PRE-SLEEP RITUAL (Fill in each night before going to bed)

DAY / TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Exercise What did you do? When? Total time?							
Naps When? Where? How long?							
Alcohol & Caffeine Types, amount & when?							
Feelings Happiness, sadness, stress, anxiety; major cause							
Food & Drink (Dinner/snacks) What & when?							
Medications or Sleep Aids Types, amount & when?							
Bedtime Routine Meditation / relaxation? How long?							
Bedtime							



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Wake-up Time							
Time Spent in Bed Not Sleeping What did you do? (e.g. stayed in bed with eyes closed, meditated, etc.)							
Sleep Breaks Did you get up during the night? If so, what did you do?							
Quality of Sleep & Other Comments							
Total Sleep Hours							