

SLEEP QUALITY EVALUATION

Weekly Tracking & Performance Analysis

PATIENT/USER NAME
WEEK OF

Metric / Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
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Time to Sleep (Mins)

Wake-up Count

Total Hours Slept

Sleep Depth (1-10)

Morning Alertness (1-10)

Dream Recall (Y/N)

Scale: 1 = Poor / Exhausted 5 = Average / Rested 10 = Excellent / Fully Recovered

VARIABLES & LIFESTYLE FACTORS (CAFFEINE, ALCOHOL, EXERCISE, STRESS)

WEEKLY SUMMARY & CLINICAL OBSERVATIONS