

SLEEP HABIT DOCUMENTATION

Month/Year: _____ Name: _____

DATE	BEDTIME	WAKE TIME	TOTAL HOURS	QUALITY (1-10)	CAFFEINE/ALCOHOL/NOTES
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WEEKLY OBSERVATIONS & PATTERNS

Quality: 1 (Poor) - 10 (Excellent) **Indicators:** D (Dreaming), W (Woke Up), S (Stress Level)