SLEEP HYGIENE & WELLNESS

Mental Health Tracking Calendar

Month: _____ Year: _____

DATE	BEDTIME	WAKE TIME	TOTAL HOURS	QUALITY (1-10)	NO CAFFEINE <6H	NO SCREEN <1H	MOOD (AM)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Weekly Reflections
Wellness & Habit Goals

Quality: 1 (Poor) - 10 (Restorative) **Mood:** â˜¹ Neutral â˜º