

Sleep Tracking Sheet

Week # _____

Action	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time you went to bed							
Time you went to sleep							
Did you feel rested in the morning?							
Number and cause of interruptions during sleep?							
Did you have caffeine or alcohol after 2 PM ?							
Did you do stretching or other relaxing activity before sleep?							
Any other night time symptoms like restless legs?							

Functional Medicine is a personalized approach to identification of the root cause of disease and empowerment of individuals to heal themselves.

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