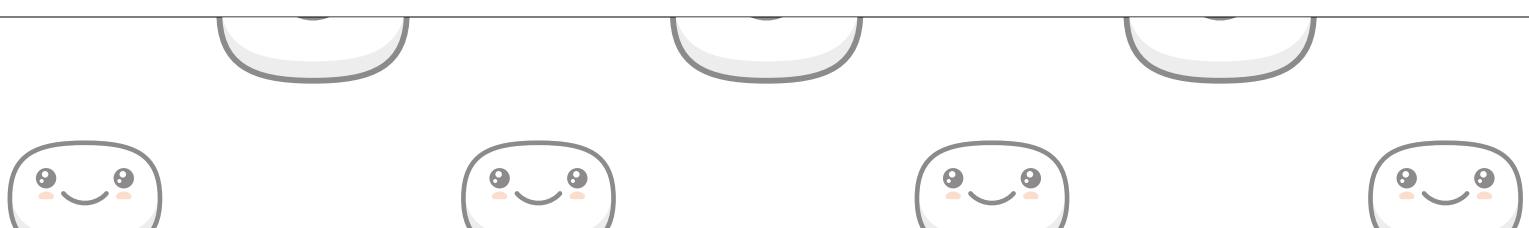


My Sleep Companion



How To Use

This Sleep Companion will help you keep track of your current habits and show you how they affect your sleep.

Track your daily activities to notice patterns in your life and then decide what habits you want to change to improve your sleep quality.

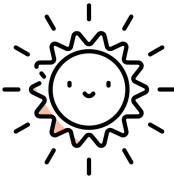
Don't forget that when you sleep better, life gets better too!



Scan the QR Code for the Let's Sleep! App



1 - Sleep and My Day



Go here to notice patterns in your productivity and mood, as well as your workout and napping habits.



Check out the Office in the [Let's Sleep!](#) app

2 - Sleep and My Diet



Go here to notice patterns in your eating and drinking habits, as well as your caffeine intake.



Check out the Kitchen in the [Let's Sleep!](#) app

3 - My Sleep Routine



Go here to build a sleep routine to help you relax and prepare your brain and body for bed.



Check out the Living Room in the [Let's Sleep!](#) app

4 - My Sleep Quality



Go here to see how your current bedtime habits affect your sleep quality.



Check out the Bedroom in the [Let's Sleep!](#) app

Sleep and My Day

This section looks at how the quality of your sleep affects your focus, mood, and overall performance.

Log your daily productivity, mood, nap duration (if you napped) and workouts. Make sure to include the workout times and the intensity of your work out. For example, 1 dumbbell = light, 2 dumbbells = moderate and 3 dumbbells = heavy.

Sleep and My Diet

This section looks at how your eating and drinking habits affect your sleep.

Monitor your caffeine intake by logging how many cups of coffee you drank as well as the time of your last coffee. Also note write down the last time you ate and drank something. You can write what you last ate and drank in the 'Notes' box.

| | NAP DURATION | MOOD | PRODUCTIVE | WORKOUT START TIME | WORKOUT END TIME | WORKOUT INTENSITY |
|-----|--------------|------|------------|--------------------|------------------|-------------------|
| MON | | | | | | |
| TUE | | | | | | |
| WED | | | | | | |
| THU | | | | | | |
| FRI | | | | | | |
| SAT | | | | | | |
| SUN | | | | | | |

| | NUMBER OF CUPS | LAST COFFEE | LAST MUNCHIE | LAST DRINK | NOTES |
|-----|----------------|-------------|--------------|------------|-------|
| MON | | | | | |
| TUE | | | | | |
| WED | | | | | |
| THU | | | | | |
| FRI | | | | | |
| SAT | | | | | |
| SUN | | | | | |

My Sleep Routine

This section looks at creating a personalized bedtime routine that promotes relaxation and prepares you for restful sleep.

Check out the Sleep Routine example and then plan your own sleep routine with some wind-down activities, such as reading, taking a bath or relaxing through meditation.

My Sleep Quality

This section looks at your sleep quality and helps you identify patterns so you can optimize your sleep.

Record your bedtime and wake-up time to monitor your sleep schedule. Make sure to write the number of hours of sleep you got and also rate your sleep quality.

YOUR OWN SLEEP ROUTINE CHECK LIST FOR

APRIL 14-20, 2025

| | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|
| DIM THE LIGHTS AT 20H | M | T | W | T | F | S | S |
| PACK MY BAG FOR TMW | M | T | W | T | F | S | S |
| TIDY ROOM | M | T | W | T | F | S | S |
| BRUSH MY TEETH | M | T | W | T | F | S | S |
| TAKE A WARM BATH | M | T | W | T | F | S | S |
| LIGHT MEDITATION | M | T | W | T | F | S | S |
| READ A PHYSICAL BOOK | M | T | W | T | F | S | S |

| | BEDTIME | WAKE UP | HOURS OF SLEEP | SLEEP QUALITY | NOTES |
|-----|---------|---------|----------------|---|-------|
| MON | : | : | | (sad) (sad) (neutral) (smile) (smile) (smile) | |
| TUE | : | : | | (sad) (sad) (neutral) (smile) (smile) (smile) | |
| WED | : | : | | (sad) (sad) (neutral) (smile) (smile) (smile) | |
| THU | : | : | | (sad) (sad) (neutral) (smile) (smile) (smile) | |
| FRI | : | : | | (sad) (sad) (neutral) (smile) (smile) (smile) | |
| SAT | : | : | | (sad) (sad) (neutral) (smile) (smile) (smile) | |
| SUN | : | : | | (sad) (sad) (neutral) (smile) (smile) (smile) | |

| | NAP DURATION | MOOD | PRODUCTIVE | WORKOUT START TIME | WORKOUT END TIME | WORKOUT INTENSITY |
|-----|--------------|------|------------|--------------------|------------------|-------------------|
| MON | | | | | | |
| TUE | | | | | | |
| WED | | | | | | |
| THU | | | | | | |
| FRI | | | | | | |
| SAT | | | | | | |
| SUN | | | | | | |

| | NUMBER OF CUPS | LAST COFFEE | LAST MUNCHIE | LAST DRINK | NOTES |
|-----|----------------|-------------|--------------|------------|-------|
| MON | | | | | |
| TUE | | | | | |
| WED | | | | | |
| THU | | | | | |
| FRI | | | | | |
| SAT | | | | | |
| SUN | | | | | |

| | NAP DURATION | MOOD | PRODUCTIVE | WORKOUT START TIME | WORKOUT END TIME | WORKOUT INTENSITY |
|-----|--------------|------|------------|--------------------|------------------|-------------------|
| MON | | | | | | |
| TUE | | | | | | |
| WED | | | | | | |
| THU | | | | | | |
| FRI | | | | | | |
| SAT | | | | | | |
| SUN | | | | | | |

| | NUMBER OF CUPS | LAST COFFEE | LAST MUNCHIE | LAST DRINK | NOTES |
|-----|----------------|-------------|--------------|------------|-------|
| MON | | | | | |
| TUE | | | | | |
| WED | | | | | |
| THU | | | | | |
| FRI | | | | | |
| SAT | | | | | |
| SUN | | | | | |

YOUR OWN SLEEP ROUTINE CHECK LIST FOR _____

















| | BEDTIME | WAKE UP | HOURS OF SLEEP | SLEEP QUALITY | NOTES |
|-----|----------------------|----------------------|----------------------|---------------|----------------------|
| MON | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| TUE | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| WED | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| THU | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| FRI | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| SAT | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| SUN | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |

YOUR OWN SLEEP ROUTINE CHECK LIST FOR _____









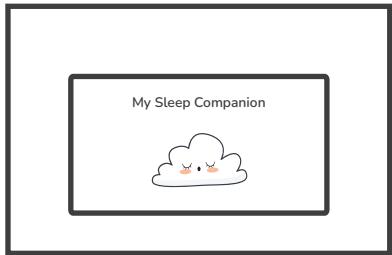




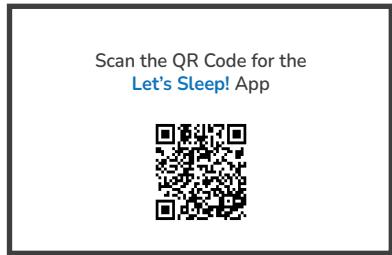


| | BEDTIME | WAKE UP | HOURS OF SLEEP | SLEEP QUALITY | NOTES |
|-----|----------------------|----------------------|----------------------|---------------|----------------------|
| MON | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| TUE | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| WED | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| THU | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| FRI | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| SAT | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| SUN | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |

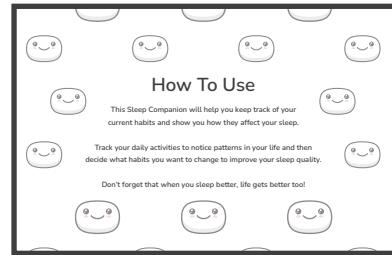
How to order the pages:



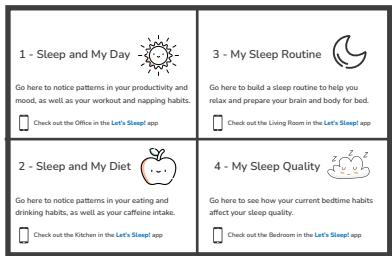
1 - Cover



2 - QR Code



3 - How to use



4 - Sections



5 - Section 1

| | NAP DURATION | MOOD | PROMPTIVE | WORKOUT START TIME | WORKOUT END TIME | WORKOUT INTENSITY |
|-----|--------------|------|-----------|--------------------|------------------|-------------------|
| MON | : | (:) | (:) | : | : | (:) |
| TUE | : | (:) | (:) | (:) | : | (:) |
| WED | : | (:) | (:) | (:) | : | (:) |
| THU | : | (:) | (:) | (:) | : | (:) |
| FRI | : | (:) | (:) | (:) | : | (:) |
| SAT | : | (:) | (:) | (:) | : | (:) |
| SUN | : | (:) | (:) | (:) | : | (:) |

6 - Nap Duration

| | BEDTIME | WAKE UP | HOURS OF SLEEP | SLEEP QUALITY | NOTES |
|-----|---------|---------|----------------|--------------------|-------|
| MON | : | : | | (:)(:)(:)(:)(:)(:) | |
| TUE | : | : | | (:)(:)(:)(:)(:)(:) | |
| WED | : | : | | (:)(:)(:)(:)(:)(:) | |
| THU | : | : | | (:)(:)(:)(:)(:)(:) | |
| FRI | : | : | | (:)(:)(:)(:)(:)(:) | |
| SAT | : | : | | (:)(:)(:)(:)(:)(:) | |
| SUN | : | : | | (:)(:)(:)(:)(:)(:) | |

13 - Bedtime

There are extra pages that you can print if you want to keep tracking your weekly habits for each section.

Also, you can print this Sleep Companion as double sided or single sided!

How to order the pages:



7 - Section 2

| | NUMBER OF CUPS | LAST COFFEE | LAST MUNCHIE | LAST DRINK | NOTES |
|-----|----------------|-------------|--------------|------------|-------|
| MON | 🕒🕒🕒 | : | : | : | |
| TUE | 🕒🕒🕒 | : | : | : | |
| WED | 🕒🕒🕒 | : | : | : | |
| THU | 🕒🕒🕒 | : | : | : | |
| FRI | 🕒🕒🕒 | : | : | : | |
| SAT | 🕒🕒🕒 | : | : | : | |
| SUN | 🕒🕒🕒 | : | : | : | |

8 - Number of Cups



9 - Section 3

YOUR OWN SLEEP ROUTINE CHECK LIST FOR APRIL 14-20, 2024

| | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|
| DIM THE LIGHTS AT 20H | M | T | W | T | F | S | S |
| PACK MY BAG FOR TMW | M | T | W | T | F | S | S |
| TIDY ROOM | M | T | W | T | F | S | S |
| BRUSH MY TEETH | M | T | W | T | F | S | S |
| TAKE A WARM BATH | M | T | W | T | F | S | S |
| LIGHT MEDITATION | M | T | W | T | F | S | S |
| READ A PHYSICAL BOOK | M | T | W | T | F | S | S |

10 - Sleep Routine

YOUR OWN SLEEP ROUTINE CHECK LIST FOR

| | | | | | | | |
|--|---|---|---|---|---|---|---|
| | M | T | W | T | F | S | S |
| | M | T | W | T | F | S | S |
| | M | T | W | T | F | S | S |
| | M | T | W | T | F | S | S |
| | M | T | W | T | F | S | S |
| | M | T | W | T | F | S | S |
| | M | T | W | T | F | S | S |

11 - Empty Routine



12 - Section 4