

Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
I got into bed at this time								
It took this long (hrs/min) to fall asleep								
I woke up this many times during the night & stayed awake for this long (hrs/mins)								
Reason for awakening	<input type="checkbox"/> Bathroom <input type="checkbox"/> Night sweat <input type="checkbox"/> Anxiety <input type="checkbox"/> Other" _____	<input type="checkbox"/> Bathroom <input type="checkbox"/> Night sweat <input type="checkbox"/> Anxiety <input type="checkbox"/> Other" _____	<input type="checkbox"/> Bathroom <input type="checkbox"/> Night sweat <input type="checkbox"/> Anxiety <input type="checkbox"/> Other" _____	<input type="checkbox"/> Bathroom <input type="checkbox"/> Night sweat <input type="checkbox"/> Anxiety <input type="checkbox"/> Other" _____	<input type="checkbox"/> Bathroom <input type="checkbox"/> Night sweat <input type="checkbox"/> Anxiety <input type="checkbox"/> Other" _____	<input type="checkbox"/> Bathroom <input type="checkbox"/> Night sweat <input type="checkbox"/> Anxiety <input type="checkbox"/> Other" _____	<input type="checkbox"/> Bathroom <input type="checkbox"/> Night sweat <input type="checkbox"/> Anxiety <input type="checkbox"/> Other" _____	
Approx. total hours asleep								
Morning mood	<input type="checkbox"/> Well-rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Fatigued <input type="checkbox"/> Other" _____	<input type="checkbox"/> Well-rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Fatigued <input type="checkbox"/> Other" _____	<input type="checkbox"/> Well-rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Fatigued <input type="checkbox"/> Other" _____	<input type="checkbox"/> Well-rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Fatigued <input type="checkbox"/> Other" _____	<input type="checkbox"/> Well-rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Fatigued <input type="checkbox"/> Other" _____	<input type="checkbox"/> Well-rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Fatigued <input type="checkbox"/> Other" _____	<input type="checkbox"/> Well-rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Fatigued <input type="checkbox"/> Other" _____	<input type="checkbox"/> Well-rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Fatigued <input type="checkbox"/> Other" _____
Alcohol consumed & how many glasses?								
Caffeine consumed & how many cups?								
Environmental or behavioral intervention								
Med or supplement taken								
Patterns Observed								

**Adapted from the National Sleep Foundation*

How to track: Elektra’s sleep tracker helps you: 1) identify personal patterns and habits that impact your sleep and 2) evaluate the impact of incremental changes made to improve your sleep. The tracker should only take 1 - 2 minutes to complete each day. **We recommend filling it out first thing in the morning.** Consistency is key!