

2021 SLEEP IMPROVEMENT CHALLENGE

Fall Asleep Challenge One - Create a Bedtime Routine
Stay Asleep Challenge One - Lower Your Room Temperature

Track your improvement by answering these questions every morning during this months challenge

Date:			
Bedtime :	Waketime:	Sleep Hours:	Do you feel rested?
<i>If using a tracking device -</i>	Deep Sleep Hrs:	Light Sleep Hrs:	Yes - No - unchanged
Do you have muscle soreness? Yes - No Which muscles?	Do you recall waking in the night? Yes - # of Times () - No	Did you fall right back to sleep? Yes - No	Did you feel warm? Yes - No

Date:			
Bedtime :	Waketime:	Sleep Hours:	Do you feel rested?
<i>If using a tracking device -</i>	Deep Sleep Hrs:	Light Sleep Hrs:	Yes - No - unchanged
Do you have muscle soreness? Yes - No Which muscles?	Do you recall waking in the night? Yes - # of Times () - No	Did you fall right back to sleep? Yes - No	Did you feel warm? Yes - No

Date:			
Bedtime :	Waketime:	Sleep Hours:	Do you feel rested?
<i>If using a tracking device -</i>	Deep Sleep Hrs:	Light Sleep Hrs:	Yes - No - unchanged
Do you have muscle soreness? Yes - No Which muscles?	Do you recall waking in the night? Yes - # of Times () - No	Did you fall right back to sleep? Yes - No	Did you feel warm? Yes - No

Date:			
Bedtime :	Waketime:	Sleep Hours:	Do you feel rested?
<i>If using a tracking device -</i>	Deep Sleep Hrs:	Light Sleep Hrs:	Yes - No - unchanged
Do you have muscle soreness? Yes - No Which muscles?	Do you recall waking in the night? Yes - # of Times () - No	Did you fall right back to sleep? Yes - No	Did you feel warm? Yes - No

Date:			
Bedtime :	Waketime:	Sleep Hours:	Do you feel rested?
<i>If using a tracking device -</i>	Deep Sleep Hrs:	Light Sleep Hrs:	Yes - No - unchanged
Do you have muscle soreness? Yes - No Which muscles?	Do you recall waking in the night? Yes - # of Times () - No	Did you fall right back to sleep? Yes - No	Did you feel warm? Yes - No

Date:			
Bedtime :	Waketime:	Sleep Hours:	Do you feel rested?
<i>If using a tracking device -</i>	Deep Sleep Hrs:	Light Sleep Hrs:	Yes - No - unchanged
Do you have muscle soreness? Yes - No Which muscles?	Do you recall waking in the night? Yes - # of Times () - No	Did you fall right back to sleep? Yes - No	Did you feel warm? Yes - No

Date:			
Bedtime :	Waketime:	Sleep Hours:	Do you feel rested?
<i>If using a tracking device -</i>	Deep Sleep Hrs:	Light Sleep Hrs:	Yes - No - unchanged
Do you have muscle soreness? Yes - No Which muscles?	Do you recall waking in the night? Yes - # of Times () - No	Did you fall right back to sleep? Yes - No	Did you feel warm? Yes - No

Date:			
Bedtime :	Waketime:	Sleep Hours:	Do you feel rested?
<i>If using a tracking device -</i>	Deep Sleep Hrs:	Light Sleep Hrs:	Yes - No - unchanged
Do you have muscle soreness? Yes - No Which muscles?	Do you recall waking in the night? Yes - # of Times () - No	Did you fall right back to sleep? Yes - No	Did you feel warm? Yes - No