



The Mind Garden
bloom where you're planted

SLEEP DIARY WORKSHEET

UNPACKING *the daytime*

Use these page to reflect on how your daytime activities and habits may influence your sleep quality at night.

Physical Activity: Describe any physical activity you engaged in during the day, such as exercise, walking, or household chores. How do you think this activity affected your energy levels and readiness for sleep?

Screen Time: Reflect on your screen time during the day, including phone, computer, and TV usage. Did you spend a lot of time looking at screens? How might this have impacted your ability to unwind and fall asleep later?

Caffeine and Food Intake: Note any caffeine consumption throughout the day, including coffee, tea, or energy drinks. Did you consume any heavy or spicy meals close to bedtime? How might your food and drink choices have influenced your sleep quality?



The Mind Garden
bloom where you're planted

Stress Management: Reflect on how you managed stress during the day. Did you experience any significant stressors, and if so, how did you cope with them? Consider the impact of stress on your ability to relax and sleep peacefully.

Napping: Did you take any naps during the day? If so, how long were they, and how did they affect your ability to fall asleep at night?

Exposure to Light: Consider your exposure to natural and artificial light throughout the day. Did you spend time outdoors, and did you get enough natural light exposure? How did your exposure to light in the evening, including from electronic devices, impact your sleep-wake cycle?

After considering these factors, reflect on how your daytime activities may have influenced your sleep quality and patterns. Identify any habits/behaviors you'd like to adjust to improve your sleep hygiene and overall well-being.



The Mind Garden
bloom where you're planted

NIGHTLY

rituals check

Review the provided checklist of sleep hygiene practices. Mark each practice as "Yes" if you followed it last week or "No" if you didn't. Reflect on any practices you didn't follow and consider why.

	YES	NO
Went to bed and woke up at the same time every day	<input type="checkbox"/>	<input type="checkbox"/>
Avoided caffeine and alcohol in the hours leading up to bedtime	<input type="checkbox"/>	<input type="checkbox"/>
Engaged in a relaxing bedtime routine	<input type="checkbox"/>	<input type="checkbox"/>
Slept in a cool, dark, and quiet environment	<input type="checkbox"/>	<input type="checkbox"/>
Limited screen time before bed	<input type="checkbox"/>	<input type="checkbox"/>



The Mind Garden
bloom where you're planted

DREAMSCAPE

discoveries

Use these page to reflect on how your daytime activities This page is dedicated to recording and reflecting on your dreams each night.

1

Describe the most vivid dream you had last night. What was the setting? Who were the characters?

Reflect on any emotions you experienced during the dream. Did it evoke any specific feelings?

2

3

Did your dream seem to relate to any events or concerns from your waking life? If so, how?

Rate the overall intensity of the dream on a scale from 1 to 5. How did it impact your sleep quality?

4