WomenRX

YOUR SLEEP-PATTERN JOURNAL

Seven nights.
A clearer conversation.

Fill in what you remember in the morning. Estimates are welcome. Mark uncertainty. This record supports a conversation; it does not diagnose the cause of a sleep problem.

NIGHT 1

Date

Into bed (approximately)

Got up (approximately)

Minutes awake after sleep (estimate)

What I noticed / context / not sure

NIGHT 2

Date

Into bed (approximately)

Got up (approximately)

Minutes awake after sleep (estimate)

What I noticed / context / not sure

NIGHT 3

Date

Into bed (approximately)

Got up (approximately)

Minutes awake after sleep (estimate)

What I noticed / context / not sure

Possible notes: felt hot, noise, needed the bathroom, worrying, caffeine timing, medicine changes, or “not sure.” Do not change a prescribed medicine to complete this journal.

NIGHTS 4–7 / YOUR OWN OBSERVATIONS

Keep noticing.

NIGHT 4

Date

Into bed (approximately)

Got up (approximately)

Minutes awake after sleep (estimate)

What I noticed / context / not sure

NIGHT 5

Date

Into bed (approximately)

Got up (approximately)

Minutes awake after sleep (estimate)

What I noticed / context / not sure

NIGHT 6

Date

Into bed (approximately)

Got up (approximately)

Minutes awake after sleep (estimate)

What I noticed / context / not sure

NIGHT 7

Date

Into bed (approximately)

Got up (approximately)

Minutes awake after sleep (estimate)

What I noticed / context / not sure

One pattern I want to discuss

My question for the appointment

Original WomenRX journal informed by NHLBI sleep-diary guidance and NIA menopause information. It is not the NIH form. Seek help sooner if needed; a full week is not required.