

Ayureka's Sleep Diary was designed to help you track what might be interfering with your sleep. It is best to keep a log for several days to a week to see if patterns emerge. For detailed instructions on how to use this tool, link to: <http://www.ayureka.com/learn/tools/ayureka-sleep-diary/>.

	Example	Day 1	Day 2	Day 3
<b>Date:</b>	Monday, 4/15			
<b>When did you retire?</b>	10:00 PM			
<b>Lights out?</b>	11:30 PM			
<b>Bedroom activities?</b>	Facebook, read, watched TV			
<b>How long to doze off?</b>	1 hour			
<b>Sleep disruptions?</b> Times, Reasons, Durations	12:30 AM, 30 mins 3:15 AM, 2 mins Bathroom runs			
<b>Wake-up time?</b>	6:00 AM Alarm/snooze			
<b>Time out of bed?</b>	7:30 AM			
<b>Hours of sleep?</b>	5.5 hours			
<b>Quality of sleep?</b>	Poor sleep, Tired			
Below are a series of items known to interfere with a good night's rest. Please be detailed in quantity and time of occurrence.				
<b>Food stimulants?</b> (Coffee, Tea, Soda, Energy drink, Chocolate, Candy, etc.)	Coffee (8 AM) Chocolate (9pm)			
<b>Alcohol?</b>	1 glass red wine (dinner)			
<b>Stressors?</b>	Parent illness, Back pain			
<b>Evening device activity?</b> (Phone, Smart phone, Tablet, T.V., etc.)	Checked email. Watched TV until 11 PM			
<b>Exercise?</b> Intensity, Duration	Intense Cardio 6:30 - 8 PM			
<b>Medications? Vitamins? Supplements?</b>	None			
<b>Naps?</b>	4 PM; 45 min.			
<b>Dinner time?</b>	8:30 PM			
<b>General food log</b> Breakfast (B), Lunch (L), Dinner (D) and Snacks (S)	<b>B:</b> Skipped <b>L:</b> fast-food burger	<b>B:</b> <b>L:</b>	<b>B:</b> <b>L:</b>	<b>B:</b> <b>L:</b>
<b>For a tool to help you track your diet and lifestyle choices, please <a href="#">link here</a>.</b>	<b>D:</b> Spicy chicken burrito <b>S:</b> Chips (4PM)	<b>D:</b> <b>S:</b>	<b>D:</b> <b>S:</b>	<b>D:</b> <b>S:</b>

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Content of this Ayureka tool is not intended to diagnose, treat, cure or prevent disease.

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	Day 4	Day 5	Day 6	Day 7
<b>Date:</b>				
<b>When did you retire?</b>				
<b>Lights out?</b>				
<b>Bedroom activities?</b>				
<b>How long to doze off?</b>				
<b>Sleep disruptions?</b> Times, Reasons, Durations				
<b>Wake-up time?</b>				
<b>Time out of bed?</b>				
<b>Hours of sleep?</b>				
<b>Quality of sleep?</b>				
Below are a series of items known to interfere with a good night's rest. Please be detailed in quantity and time of occurrence.				
<b>Food stimulants?</b> (Coffee, Tea, Soda, Energy drink, Chocolate, Candy, etc.)				
<b>Alcohol?</b>				
<b>Stressors?</b>				
<b>Evening device activity?</b> (Phone, Smart phone, Tablet, T.V., etc.)				
<b>Exercise?</b> Intensity, Duration				
<b>Medications? Vitamins? Supplements?</b>				
<b>Naps?</b>				
<b>Dinner time?</b>				
<b>General food log</b> Breakfast (B), Lunch (L), Dinner (D) and Snacks (S)	<b>B:</b>  <b>L:</b>	<b>B:</b>  <b>L:</b>	<b>B:</b>  <b>L:</b>	<b>B:</b>  <b>L:</b>
<b>For a tool to help you track your diet and lifestyle choices, please <a href="#">link here</a>.</b>	<b>D:</b>  <b>S:</b>	<b>D:</b>  <b>S:</b>	<b>D:</b>  <b>S:</b>	<b>D:</b>  <b>S:</b>

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