

WEEK OF	MON	TUES	WED	THURS	FRI	SAT	SUN	
1 Fill this out in the morning A. How do you feel this morning? B. How do you feel you slept last night? C. How rested/refreshed do you feel?	1 VERY SLEEPY to 5 WIDE AWAKE <input type="text"/> enter number	1 VERY SLEEPY to 5 WIDE AWAKE <input type="text"/> enter number	1 VERY SLEEPY to 5 WIDE AWAKE <input type="text"/> enter number	1 VERY SLEEPY to 5 WIDE AWAKE <input type="text"/> enter number	1 VERY SLEEPY to 5 WIDE AWAKE <input type="text"/> enter number	1 VERY SLEEPY to 5 WIDE AWAKE <input type="text"/> enter number	1 VERY SLEEPY to 5 WIDE AWAKE <input type="text"/> enter number	
	1 POOR to 5 EXCELLENT <input type="text"/> enter number	1 POOR to 5 EXCELLENT <input type="text"/> enter number	1 POOR to 5 EXCELLENT <input type="text"/> enter number	1 POOR to 5 EXCELLENT <input type="text"/> enter number	1 POOR to 5 EXCELLENT <input type="text"/> enter number	1 POOR to 5 EXCELLENT <input type="text"/> enter number	1 POOR to 5 EXCELLENT <input type="text"/> enter number	1 POOR to 5 EXCELLENT <input type="text"/> enter number
	1 NOT AT ALL to 5 VERY RESTED <input type="text"/> enter number	1 NOT AT ALL to 5 VERY RESTED <input type="text"/> enter number	1 NOT AT ALL to 5 VERY RESTED <input type="text"/> enter number	1 NOT AT ALL to 5 VERY RESTED <input type="text"/> enter number	1 NOT AT ALL to 5 VERY RESTED <input type="text"/> enter number	1 NOT AT ALL to 5 VERY RESTED <input type="text"/> enter number	1 NOT AT ALL to 5 VERY RESTED <input type="text"/> enter number	1 NOT AT ALL to 5 VERY RESTED <input type="text"/> enter number

How you feel in the **MORNING** **Add the numbers from questions A, B and C** enter number enter number enter number enter number enter number enter number enter number

2 Fill this out in the evening D. How was your day? <i>For each of the pairs to the right please enter a number 1 through 5 that best describes how you felt today</i> CONTINUES ON THE BACK	1 SAD to 5 HAPPY <input type="text"/> enter number	1 SAD to 5 HAPPY <input type="text"/> enter number	1 SAD to 5 HAPPY <input type="text"/> enter number	1 SAD to 5 HAPPY <input type="text"/> enter number	1 SAD to 5 HAPPY <input type="text"/> enter number	1 SAD to 5 HAPPY <input type="text"/> enter number	1 SAD to 5 HAPPY <input type="text"/> enter number	
	1 IRRITABLE to 5 EASY GOING <input type="text"/> enter number	1 IRRITABLE to 5 EASY GOING <input type="text"/> enter number	1 IRRITABLE to 5 EASY GOING <input type="text"/> enter number	1 IRRITABLE to 5 EASY GOING <input type="text"/> enter number	1 IRRITABLE to 5 EASY GOING <input type="text"/> enter number	1 IRRITABLE to 5 EASY GOING <input type="text"/> enter number	1 IRRITABLE to 5 EASY GOING <input type="text"/> enter number	1 IRRITABLE to 5 EASY GOING <input type="text"/> enter number
	1 JITTERY to 5 CALM <input type="text"/> enter number	1 JITTERY to 5 CALM <input type="text"/> enter number	1 JITTERY to 5 CALM <input type="text"/> enter number	1 JITTERY to 5 CALM <input type="text"/> enter number	1 JITTERY to 5 CALM <input type="text"/> enter number	1 JITTERY to 5 CALM <input type="text"/> enter number	1 JITTERY to 5 CALM <input type="text"/> enter number	1 JITTERY to 5 CALM <input type="text"/> enter number
	1 POOR to 5 GOOD CONCENTRATION <input type="text"/> enter number	1 POOR to 5 GOOD CONCENTRATION <input type="text"/> enter number	1 POOR to 5 GOOD CONCENTRATION <input type="text"/> enter number	1 POOR to 5 GOOD CONCENTRATION <input type="text"/> enter number	1 POOR to 5 GOOD CONCENTRATION <input type="text"/> enter number	1 POOR to 5 GOOD CONCENTRATION <input type="text"/> enter number	1 POOR to 5 GOOD CONCENTRATION <input type="text"/> enter number	1 POOR to 5 GOOD CONCENTRATION <input type="text"/> enter number
	1 TIRED to 5 ENERGETIC <input type="text"/> enter number	1 TIRED to 5 ENERGETIC <input type="text"/> enter number	1 TIRED to 5 ENERGETIC <input type="text"/> enter number	1 TIRED to 5 ENERGETIC <input type="text"/> enter number	1 TIRED to 5 ENERGETIC <input type="text"/> enter number	1 TIRED to 5 ENERGETIC <input type="text"/> enter number	1 TIRED to 5 ENERGETIC <input type="text"/> enter number	1 TIRED to 5 ENERGETIC <input type="text"/> enter number

How you feel during the **DAY** **Add the numbers from question D** enter number enter number enter number enter number enter number enter number enter number

Look on the back and enter your potential **Sleep Stealer Score™** from the night before **SUN** enter number **MON** enter number **TUE** enter number **WED** enter number **THU** enter number **FRI** enter number **SAT** enter number

3 **Reflect on your day** Personal Notes: _____

WEEK OF

MON TUES WED THU FRI SAT SUN

There are a number of common activities or events that could affect the way that you sleep like stress, caffeine, alcohol, a late meal, a disruptive co-sleeper, a long nap or excessive pain. You may be able to learn a lot about your sleep patterns by tracking these potential sleep stealers.

Instructions: Fill this out in the evening.

Using the daily journal please record when key sleep stealer events may have occurred during the day.

Please use the following letters:

- C=Caffeine
- A=Alcohol
- D=Dinner time
- E=Exercise
- N=Nap
- Z=Almost dozed off

For example:
If you had a nap at 12:00pm and a drink with dinner at 8:00pm

10	
11	
12	N
1	
2	
3	
4	
5	
6	
7	
8	DA
9	
10	

5	AM	5	AM	5	AM	5	AM	5	AM	5	AM	5
6		6		6		6		6		6		6
7		7		7		7		7		7		7
8		8		8		8		8		8		8
9		9		9		9		9		9		9
10		10		10		10		10		10		10
11		11		11		11		11		11		11
12	PM	12	PM	12	PM	12	PM	12	PM	12	PM	12
1		1		1		1		1		1		1
2		2		2		2		2		2		2
3		3		3		3		3		3		3
4		4		4		4		4		4		4
5		5		5		5		5		5		5
6		6		6		6		6		6		6
7		7		7		7		7		7		7
8		8		8		8		8		8		8
9		9		9		9		9		9		9
10		10		10		10		10		10		10
11		11		11		11		11		11		11
12	AM	12	AM	12	AM	12	AM	12	AM	12	AM	12
1		1		1		1		1		1		1
2		2		2		2		2		2		2

2

Number of **CAFFEINE & ALCOHOL** servings today:

Took a long nap or late **NAP** or **DOZED OFF**:
(If yes, score 1)

Late **DINNER** and/or **EXERCISE**:
2 to 3 hours before bed time (If yes, score 1)

Was there any **SLEEP DISRUPTION(S)**:
Example: partner, children, pets, bathroom (If yes, score 1)

Before bedtime **STIMULATING ACTIVITY**:
Example: TV, internet, working from home, house chores (If yes, score 1)

How did you feel today:
RELAXED or **TENSE**
Enter a number 0 through 4 (0= Relaxed, 4=Tense)

How did you feel today:
CAREFREE or **WORRIED**
Enter a number 0 through 4 (0= Carefree, 4=Worried)

enter number	enter number	enter number	enter number	enter number	enter number	enter number
enter number	enter number	enter number	enter number	enter number	enter number	enter number
enter number	enter number	enter number	enter number	enter number	enter number	enter number
enter number	enter number	enter number	enter number	enter number	enter number	enter number
enter number	enter number	enter number	enter number	enter number	enter number	enter number
enter number	enter number	enter number	enter number	enter number	enter number	enter number
enter number	enter number	enter number	enter number	enter number	enter number	enter number

Your Potential Sleep Stealer Score™

Add all the numbers in the circles above

enter number	MON	enter number	TUE	enter number	WED	enter number	THU	enter number	FRI	enter number	SAT	enter number	SUN
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UNDERSTANDING YOUR SCORES

By filling out the Zeo Sleep Journal every day, you may start to see the cause and effect patterns that could affect the way you sleep, wake up in the morning and feel during the day.

▼ Sleep Stealer Score™

0-4 Keep it up! You didn't have many Sleep Stealers. This builds a good foundation for getting a better night's rest. How is this impacting your day?

5-9 You had a few Sleep Stealers today, but not many. Beware of Sleep Stealers and keep track of how they may affect your sleep and the way you feel.

10+ That's a lot of Sleep Stealers! Are they affecting your day? Are they making sleep more difficult? Consider whether changing some habits could make a difference.

▼ Morning Feel Score™

11-15 Ready To Go

You woke up feeling pretty good today. One of the best benefits of a good night's rest is that energized feeling of ready to start your day.

6-10 Typical Start

You woke up feeling okay, perhaps like any other morning.

3-5 Foggy Morning

You woke up feeling exhausted wishing it wasn't morning. Take a look at your previous night; could it have been a result of Sleep Stealers?

▼ Daytime Feel Score™

17-25 Great day

This is really the end goal; feeling your best from day to day is what a good night's sleep is all about.

9-16 Just Fine

Your day was alright. If you weren't feeling 100%, your sleep could have played a role in it. Think about your activities and stress level yesterday and consider how think it may have affected your sleep.

0-8 Long Day

You've had better days. This could be caused by several things, but sometimes a bad night of sleep could be partly to blame. Could Sleep Stealers have been involved?