



# BULLETPROOF 30-DAY SLEEP CHALLENGE SLEEP LOG

NIGHT	SUN	MON	TUES	WED	THURS	FRI	SAT
What time did you switch off the lights?	Time:_____	Time:_____	Time:_____	Time:_____	Time:_____	Time:_____	Time:_____
Approximately how long did it take you to fall asleep?	Amount:_____	Amount:_____	Amount:_____	Amount:_____	Amount:_____	Amount:_____	Amount:_____
How many times did you wake up during the night?	Amount:_____	Amount:_____	Amount:_____	Amount:_____	Amount:_____	Amount:_____	Amount:_____
What time did you wake up?	Time:_____	Time:_____	Time:_____	Time:_____	Time:_____	Time:_____	Time:_____
Rate the quality of your sleep: 5=deep rest; 1=poor	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
How did you feel when you woke up?	Mood:_____	Mood:_____	Mood:_____	Mood:_____	Mood:_____	Mood:_____	Mood:_____

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