

The background features a dark, textured night sky with a large, glowing full moon in the upper left. Below the moon are dark, silhouetted mountains. The foreground is filled with layers of soft, textured clouds in various shades of teal and blue. Several white birds are shown in flight, scattered across the sky. Small white stars or constellations are visible in the lower right portion of the sky.

# 30-Day Sleep & Symptom Tracker

Uncover the Hidden Patterns Behind  
Your Sleep — One Night at a Time

Inside Natural Wellness



# 30-Day Sleep Tracker

## Before You Can Fix Your Sleep, You Need to Understand It

Welcome to your **30-Day Sleep & Symptom Tracker** from Inside Natural Wellness. Here's something most people don't realize: poor sleep is usually a symptom, not the root problem. You might be doing everything "right" — dark room, no screens, early bedtime — and still waking up exhausted. That's because the real disruptors are often hidden beneath the surface.

This tracker is designed to help you spot those hidden patterns. Over the next 30 days, you'll log not just when and how long you sleep, but the daily habits, symptoms, and lifestyle factors that quietly shape your sleep quality. By the end of the 30 days, you'll have a clear, compelling picture of what's actually going on — and you'll begin to see connections you never noticed before.

### How to Use This Tracker

- Fill it out each morning when you wake up — it takes about 2 minutes
- Be honest — this is for your eyes only
- Don't try to change anything in the first week. Just observe and record
- After 30 days, complete the reflection page at the end
- Look for repeating patterns — they'll tell you more than any single night ever could

### Important Note

This tracker is for informational and personal awareness purposes only. It is not a medical tool or diagnostic device. If you have concerns about your sleep or health, please consult a qualified healthcare professional.



The most powerful insight doesn't come from one night of data — it comes from 30 nights of honest observation. Consistency is everything.

# Daily Tracking Pages — Days 1–10

Each daily entry below is a self-contained block designed to be filled in each morning. If you have a partner/friend sleeping nearby, they can also share observations. Be consistent — even on the days you feel great. Patterns only emerge when the data is complete.

*Last Night's Sleep*

**1** Day 1 Quality (1) (2) (3) (4) (5)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

**SYMPTOMS** *(Circle all that apply)*

Difficulty falling asleep   Headache   Dry mouth   Sore throat   Gasping   Snoring   Jaw grinding   Pain

Night urination   Racing thoughts   Restless legs   Woke too early   Vivid dreams   Anxiety   Night sweats

Heartburn   Congestion

**YESTERDAY'S HABITS**

Caffeine after 12pm    Exercise    Late meal    Screen time before bed

Alcohol    High-stress day    Medications

*Last Night's Sleep*

**2** Day 2 Quality (1) (2) (3) (4) (5)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

**SYMPTOMS** *(Circle all that apply)*

Difficulty falling asleep   Headache   Dry mouth   Sore throat   Gasping   Snoring   Jaw grinding   Pain

Night urination   Racing thoughts   Restless legs   Woke too early   Vivid dreams   Anxiety   Night sweats

Heartburn   Congestion

**YESTERDAY'S HABITS**

Caffeine after 12pm    Exercise    Late meal    Screen time before bed

Alcohol    High-stress day    Medications

3

Day 3

Last Night's Sleep

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

4

Day 4

Last Night's Sleep

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

5

Day 5

Last Night's Sleep

Quality (1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

6

Day 6

Last Night's Sleep

Quality (1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

7

Day 7

*Last Night's Sleep*

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS *(Circle all that apply)*

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

8

Day 8

*Last Night's Sleep*

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS *(Circle all that apply)*

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

# Daily Tracking Pages — Days 10–20

You're one third of the way through. Stay consistent — the most revealing patterns often don't surface until the second and third weeks of tracking.

*Last Night's Sleep*

**9** **Day 9** Quality 1 2 3 4 5

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

**SYMPTOMS** *(Circle all that apply)*

Difficulty falling asleep   Headache   Dry mouth   Sore throat   Gasping   Snoring   Jaw grinding   Pain

Night urination   Racing thoughts   Restless legs   Woke too early   Vivid dreams   Anxiety   Night sweats

Heartburn   Congestion

**YESTERDAY'S HABITS**

Caffeine after 12pm    Exercise    Late meal    Screen time before bed

Alcohol    High-stress day    Medications

*Last Night's Sleep*

**10** **Day 10** Quality 1 2 3 4 5

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

**SYMPTOMS** *(Circle all that apply)*

Difficulty falling asleep   Headache   Dry mouth   Sore throat   Gasping   Snoring   Jaw grinding   Pain

Night urination   Racing thoughts   Restless legs   Woke too early   Vivid dreams   Anxiety   Night sweats

Heartburn   Congestion

**YESTERDAY'S HABITS**

Caffeine after 12pm    Exercise    Late meal    Screen time before bed

Alcohol    High-stress day    Medications

Last Night's Sleep

11

Day 11

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

Last Night's Sleep

12

Day 12

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

*Last Night's Sleep*

13

Day 13

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS *(Circle all that apply)*

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

*Last Night's Sleep*

14

Day 14

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS *(Circle all that apply)*

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

15

Day 15

*Last Night's Sleep*

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS *(Circle all that apply)*

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

16

Day 16

*Last Night's Sleep*

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS *(Circle all that apply)*

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

17

Day 17

Last Night's Sleep

Quality (1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

18

Day 18

Last Night's Sleep

Quality (1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

# Daily Tracking Pages — Days 20–30

The final stretch. Your last 12 days of data are often the most insightful — your awareness has sharpened, and the patterns are becoming clearer. Keep going.

*Last Night's Sleep*

**19** Day 19 Quality (1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

**SYMPTOMS** *(Circle all that apply)*

Difficulty falling asleep   Headache   Dry mouth   Sore throat   Gasping   Snoring   Jaw grinding   Pain

Night urination   Racing thoughts   Restless legs   Woke too early   Vivid dreams   Anxiety   Night sweats

Heartburn   Congestion

**YESTERDAY'S HABITS**

Caffeine after 12pm    Exercise    Late meal    Screen time before bed

Alcohol    High-stress day    Medications

*Last Night's Sleep*

**20** Day 20 Quality (1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

**SYMPTOMS** *(Circle all that apply)*

Difficulty falling asleep   Headache   Dry mouth   Sore throat   Gasping   Snoring   Jaw grinding   Pain

Night urination   Racing thoughts   Restless legs   Woke too early   Vivid dreams   Anxiety   Night sweats

Heartburn   Congestion

**YESTERDAY'S HABITS**

Caffeine after 12pm    Exercise    Late meal    Screen time before bed

Alcohol    High-stress day    Medications

21

Day 21

Last Night's Sleep

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

22

Day 22

Last Night's Sleep

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

Last Night's Sleep

23

Day 23

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

Last Night's Sleep

24

Day 24

Quality

(1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_

Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_

Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

*Last Night's Sleep*

**25** **Day 25** Quality 1 2 3 4 5

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

**SYMPTOMS** *(Circle all that apply)*

Difficulty falling asleep
Headache
Dry mouth
Sore throat
Gasping
Snoring
Jaw grinding
Pain

Night urination
Racing thoughts
Restless legs
Woke too early
Vivid dreams
Anxiety
Night sweats

Heartburn
Congestion

**YESTERDAY'S HABITS**

Caffeine after 12pm     Exercise     Late meal     Screen time before bed  
 Alcohol     High-stress day     Medications

*Last Night's Sleep*

**26** **Day 26** Quality 1 2 3 4 5

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

**SYMPTOMS** *(Circle all that apply)*

Difficulty falling asleep
Headache
Dry mouth
Sore throat
Gasping
Snoring
Jaw grinding
Pain

Night urination
Racing thoughts
Restless legs
Woke too early
Vivid dreams
Anxiety
Night sweats

Heartburn
Congestion

**YESTERDAY'S HABITS**

Caffeine after 12pm     Exercise     Late meal     Screen time before bed  
 Alcohol     High-stress day     Medications

27

Day 27

Last Night's Sleep

Quality (1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

28

Day 28

Last Night's Sleep

Quality (1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

29

Day 29

Last Night's Sleep

Quality (1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

30

Day 30

Last Night's Sleep

Quality (1) (2) (3) (4) (5)

Date: \_\_\_/\_\_\_/\_\_\_

Bedtime: \_\_\_\_\_ Wake-ups: \_\_\_\_\_

Fell asleep: \_\_\_\_\_ Wake time: \_\_\_\_\_

Total sleep: \_\_\_\_\_ hrs

SYMPTOMS (Circle all that apply)

- Difficulty falling asleep
- Headache
- Dry mouth
- Sore throat
- Gasping
- Snoring
- Jaw grinding
- Pain
- Night urination
- Racing thoughts
- Restless legs
- Woke too early
- Vivid dreams
- Anxiety
- Night sweats
- Heartburn
- Congestion

YESTERDAY'S HABITS

- Caffeine after 12pm
- Exercise
- Late meal
- Screen time before bed
- Alcohol
- High-stress day
- Medications

# What Your 30 Days Are Telling You

## 30-Day Reflection & Pattern Finder

Now that you have 30 days of data, it's time to look for the patterns hiding in plain sight. Answer these questions honestly — they'll help you connect the dots between your daily habits, symptoms, and how you actually feel. There are no right or wrong answers here. This is about understanding your unique body and its signals.

### Question 1 — Average Sleep Quality

What was your average sleep quality rating across the 30 days? Add up your daily ratings and divide by 30.

Average score: \_\_\_\_\_

---



---



---

### Question 2 — Your Best Nights

On your **BEST** nights (rated 4 or 5), what did the day before look like? Were there any common habits or patterns?

---



---



---



---

### Question 3 — Your Worst Nights

On your **WORST** nights (rated 1 or 2), what patterns do you notice? Any common triggers you can identify?

---



---



---



---

### Question 4 — Most Frequent Symptoms

Which symptoms showed up most frequently? List your top 3–5 recurring symptoms below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Question 5 — Habit Connections**

Did you notice any connection between caffeine, alcohol, late meals, or screen time and your sleep quality? Describe any correlations you observed:

---



---



---



---

**Question 7 — Your #1 Factor**

Based on your 30 days, what do you think is the #1 factor affecting your sleep quality?

---



---



---




---

## Question 6 — Recurring Signs to Note

Did you experience any of these on a regular basis? Check any that apply — these patterns are worth paying attention to:

 **Morning Headaches**


3 or more times per week

 **Gasping / Dry Mouth**


Waking up gasping, choking, or with a dry mouth

 **Snoring / Pauses**


Partner reported snoring or pauses in breathing

 **Frequent Night Urination**


Needing to urinate 2 or more times per night

 **Exhausted Despite Hours**


Feeling exhausted despite 7+ hours in bed

 **Difficulty Falling Asleep**

Taking 30+ minutes to fall asleep most nights

 **Consistent 2-4am Waking**

Waking between 2-4am consistently

 **Gasping / Dry Mouth**

Temperature regulation issues during sleep

 **Jaw Pain / Grinding**

Jaw pain, teeth grinding, or clenching

If you checked multiple items above — especially morning headaches, gasping/choking, snoring, or feeling exhausted despite enough hours — these may be signs worth discussing with a healthcare professional. Many common sleep disruptors, including conditions like sleep apnea, often go unnoticed for years simply because people don't know what to look for.

## You've Found the Patterns. Now Find the Answers.

### Your Next Step

This tracker showed you **WHAT** is happening with your sleep. But understanding **WHY** it's happening — and what to actually do about it — is the next step. The data you've gathered over the last 30 days is only the beginning. The real transformation comes when you match your patterns to their root causes and take targeted, informed action.

*“Why You're Still Tired: The Sleep Quality Blueprint”* from Inside Natural Wellness is the complete companion guide to this tracker. This isn't another “put your phone down and drink chamomile tea” guide. This is for people who are doing everything “right” and still waking up exhausted.



#### Hidden Sleep Disruptors Exposed

A deep dive into the most common hidden sleep disruptors — from undiagnosed sleep apnea to blood sugar instability, hormonal shifts, nutrient deficiencies, and nervous system dysregulation. Finally understand the root causes, not just the symptoms.



#### Guided Self-Assessment

A personalized assessment to help you identify which disruptors are most likely affecting you based on your personal symptom patterns — the exact patterns you've been tracking for 30 days.



#### Questions for Your Doctor

A “Questions for Your Doctor” template so you can walk into your next appointment knowing exactly what to ask for — including which tests and evaluations may be worth requesting.



#### Targeted Natural Support

A natural support reference organized by root cause — not a generic supplement list, but specific options matched to what your body may actually need based on your symptom profile.



### 4-Week Personalized Reset Protocol

A complete 4-week reset protocol you can tailor to your unique findings — actionable, step-by-step, and designed for real people with real lives and real sleep struggles.

### Get the Sleep Quality Blueprint

Everything you need to move from awareness to answers — and from exhausted to genuinely rested.

**Get the Sleep Quality Blueprint →**

[insidenaturalwellness.com/sleep-quality-blueprint](https://insidenaturalwellness.com/sleep-quality-blueprint)

### Disclaimer

All content from Inside Natural Wellness is for informational and educational purposes only and is not intended as medical advice. Always consult a qualified healthcare professional regarding any health concerns or before making changes to your health routine.

## Helping You Understand What Your Body Is Telling You



### Website

[insidenaturalwellness.com](https://insidenaturalwellness.com)



### Instagram & TikTok

@insidenaturalwellness



### YouTube

@InsideNaturalWellness

© Inside Natural Wellness. All rights reserved. This document is for personal use only and may not be redistributed or resold. All content is for informational and educational purposes only and is not intended as medical advice. Always consult a qualified healthcare professional regarding any health concerns.