



www.bioenergyproducts.com
706-571-4999

SLEEP DIARY

WEEK 1

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Checked if EMF light was green (Tick or Cross)							
Time I went to bed							
Time I woke up							
Amount of times I woke up (if any)							
Total amount of hours I slept							
Amount of hours Grounded							
What I did in the hour before I went to bed							
How I felt when I woke up (Tired/Well Rested)							

WEEK 2

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Checked if EMF light was green (Tick or Cross)							
Time I went to bed							
Time I woke up							
Amount of times I woke up (if any)							
Total amount of hours I slept							
Amount of hours Grounded							
What I did in the hour before I went to bed							
How I felt when I woke up (Tired/Well Rested)							

WEEK 3

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Checked if EMF light was green (Tick or Cross)							
Time I went to bed							
Time I woke up							
Amount of times I woke up (if any)							
Total amount of hours I slept							
Amount of hours Grounded							
What I did in the hour before I went to bed							
How I felt when I woke up (Tired/Well Rested)							