

# Sleep Reflection Worksheet

## 1. My Sleep This Week

Average bedtime: \_\_\_\_\_

Average wake-up time: \_\_\_\_\_

Estimated hours of sleep per night: \_\_\_\_\_

How rested I feel in the morning (circle one):

-Well rested    -OK    -Tired    -Very tired

## 2. What Affects My Sleep? (Check any that apply)

- Screens before bed
- Homework or activities
- Stress or worries
- Caffeine
- Noisy/bright room
- Staying up talking or gaming

Other: \_\_\_\_\_

## 3. How Sleep Affects Me (Check any you've noticed)

- Hard to focus
- Low energy
- Irritable or emotional
- Forgetful
- Slow reaction time
- Hard to wake up

Provide one example: \_\_\_\_\_

\_\_\_\_\_

4. My Sleep Goal for This Week (one small habit you will try): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Why I Chose This Goal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_