



S.T.A.R. Power Sleep Tracker



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WAKE UP QUESTIONS 	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What time did you wake up this morning?							
How many total hours of sleep did you get last night?							
Did you get between 10-12 hours of sleep?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Was your bedroom dark, quiet and comfortable?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

GOING TO SLEEP QUESTIONS 	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Did you avoid screen time one hour before bedtime?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have time to relax before bedtime?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have energy throughout the day?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you avoid caffeine during the evening?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you have at least one hour of physical activity or exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Write down your going to sleep time.							

BE A STAR SLEEPER!
Can you answer "yes" to 5 or more questions a day?