



## *Sleep Quality* HEALTH SELF-ASSESSMENT

Self-assessments are a great way to check-in with how you are feeling. We often have a feeling that something is needed but not sure where it is coming from. Answer this short list of questions to get a pulse on where you are today?

1. How do I feel about my ease of falling asleep at bedtime?

Very Satisfied    Somewhat Satisfied    Neutral    Somewhat Dissatisfied    Very Dissatisfied

2. How do I feel about my ability to stay asleep through the night?

Very Satisfied    Somewhat Satisfied    Neutral    Somewhat Dissatisfied    Very Dissatisfied

3. How do I feel about my level of energy during the day?

Very Satisfied    Somewhat Satisfied    Neutral    Somewhat Dissatisfied    Very Dissatisfied

4. How do I feel about my use of caffeine, alcohol, screen time and other stimulants?

Very Satisfied    Somewhat Satisfied    Neutral    Somewhat Dissatisfied    Very Dissatisfied

5. How do I feel about my discipline to recharge when I am feeling tired?

Very Satisfied    Somewhat Satisfied    Neutral    Somewhat Dissatisfied    Very Dissatisfied

This is private information for you to use or share with your doctor and coach. We hope this helps you identify opportunities to make changes to improve your wellbeing.

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