https://www.FMRAp.com/MenopauseRising

# Sleep Audit

| Time of your last caffeinated drink | Alcohol consumption – when and how much | What and when you ate after 7 p.m. | Bedroom temperature, and whether you woke up sweaty or chilly | Noises heard – traffic, pets, house sounds | Screens used within an hour of bedtime |
|---|---|---|---|---|---|
| Monday Iced coffee at 3 p.m | wine with dinner at 7 | Pasta at 8:30 | Bedroom felt stuffy—woke sweaty at 2 a.m. | Watched TV until 10:45 | Dog barked at midnight |
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