

Sleep & Night Sweat Tracker

Track your sleep. Spot patterns. Understand your nights.



30-Day Tracker



30-DAY PREMIUM TRACKER

Sleep & Night Sweat Tracker

Understand your nights. Take back your mornings.

30 days of daily symptom logging designed to help you find your patterns, understand your body, and have better conversations with your doctor.

WHAT'S INSIDE

- 30 daily tracking pages — sleep, night sweats & symptoms
- Night sweat intensity, episodes & timing
- Energy, mood & brain fog ratings each morning
- Trigger identification — food, stress, hormones & more
- 4 weekly review pages to spot your trends
- Month-end summary page to share with your doctor
- Bonus: how to talk to your doctor guide

How to use your 30-day tracker

YOUR DAILY RITUAL (3 MINUTES EACH MORNING)

Fill in each page right after waking — while the night is still fresh. Rate your sleep, note your sweats, check any symptoms and circle your mood and brain fog level. That's it.

WHAT EACH SECTION TRACKS

- **Sleep window:** Bedtime, wake time, total hours and times woken.
- **Night sweats:** Intensity (none → severe) and number of episodes.
- **Energy level:** How you feel on a 1–5 scale first thing.
- **Mood:** Circle: calm / irritable / anxious — honest is powerful.
- **Brain fog:** Circle: none / mild / heavy — this one surprises people.
- **Morning symptoms:** Tick what you notice: headache, fatigue, palpitations, etc.
- **Triggers:** What you had last night that might have contributed.
- **What helped:** Fans, supplements, cooling gear — note what worked.

WEEKLY REVIEWS

Every 7 days there's a review page. Look at your average quality score, count your sweat-free nights, and note any trigger patterns that emerged. These pages are gold for doctor appointments.

THE MONTH-END SUMMARY

Page 35 is your summary — bring it printed or on your phone. It gives your doctor a clinical snapshot: frequency, severity, triggers, and trends across 30 days.

Track it digitally too — browser app with CSV download

Same brand, same data — your history always at your fingertips.

HerMidlifeWellnessHelp.com

Day 1 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 2 Morning Check-in

Overall score:

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 3 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 4 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 5 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 6 Morning Check-in

Overall score:

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 7 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Week 1 Review

Days 1–7

SLEEP SUMMARY

Avg hours slept: _____

Avg sleep quality: _____

Best night (day #): _____

Hardest night (day #): _____

NIGHT SWEAT SUMMARY

Nights with sweats: _____

Nights sweat-free: _____

Most common intensity: _____

ENERGY, MOOD & BRAIN FOG

Avg energy score: _____

Most common mood: _____

Brain fog — mostly: _____

TRIGGER PATTERNS THIS WEEK

WHAT SEEMED TO HELP THIS WEEK

ONE THING I'LL TRY DIFFERENTLY IN WEEK 2

Day 8 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 9 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 10 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 11 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 12 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 13 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 14 Morning Check-in

Overall score:

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Week 2 Review

Days 8–14

SLEEP SUMMARY

Avg hours slept: _____

Avg sleep quality: _____

Best night (day #): _____

Hardest night (day #): _____

NIGHT SWEAT SUMMARY

Nights with sweats: _____

Nights sweat-free: _____

Most common intensity: _____

ENERGY, MOOD & BRAIN FOG

Avg energy score: _____

Most common mood: _____

Brain fog — mostly: _____

TRIGGER PATTERNS THIS WEEK

WHAT SEEMED TO HELP THIS WEEK

ONE THING I'LL TRY DIFFERENTLY IN WEEK 3

Day 15 Morning Check-in

Overall score:

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 16 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 17 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 18 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 19

 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5Mood: calm irritable anxiousBrain fog: none mild heavyRested score: 1 2 3 4 5

■ MORNING SYMPTOMS

 Headache Fatigue Palpitations Anxiety Bloating Joint pain Hot flashes Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

 Alcohol Caffeine PM Spicy food Stress Warm room Screen time late Heavy meal Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 20 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 21 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Week 3 Review

Days 15–21

SLEEP SUMMARY

Avg hours slept: _____

Avg sleep quality: _____

Best night (day #): _____

Hardest night (day #): _____

NIGHT SWEAT SUMMARY

Nights with sweats: _____

Nights sweat-free: _____

Most common intensity: _____

ENERGY, MOOD & BRAIN FOG

Avg energy score: _____

Most common mood: _____

Brain fog — mostly: _____

TRIGGER PATTERNS THIS WEEK

WHAT SEEMED TO HELP THIS WEEK

ONE THING I'LL TRY DIFFERENTLY IN WEEK 4

Day 22 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 23 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 24 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 25 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 26 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 27

 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5Mood: calm irritable anxiousBrain fog: none mild heavyRested score: 1 2 3 4 5

■ MORNING SYMPTOMS

 Headache Fatigue Palpitations Anxiety Bloating Joint pain Hot flashes Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

 Alcohol Caffeine PM Spicy food Stress Warm room Screen time late Heavy meal Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 28 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Week 4 Review

Days 22–28

SLEEP SUMMARY

Avg hours slept: _____

Avg sleep quality: _____

Best night (day #): _____

Hardest night (day #): _____

NIGHT SWEAT SUMMARY

Nights with sweats: _____

Nights sweat-free: _____

Most common intensity: _____

ENERGY, MOOD & BRAIN FOG

Avg energy score: _____

Most common mood: _____

Brain fog — mostly: _____

TRIGGER PATTERNS THIS WEEK

WHAT SEEMED TO HELP THIS WEEK

ONE THING I'LL TRY DIFFERENTLY IN WEEK 5

Day 29 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Day 30 Morning Check-in

Overall score: _____

■ LAST NIGHT'S SLEEP

Bedtime: _____

Wake time: _____

Hours slept: _____

Times woken: _____

Sleep quality: 1 2 3 4 5

■ NIGHT SWEATS

Intensity: None Mild — damp Moderate — soaked Severe — sheet change

Episodes (times woken by sweats): _____

■ HOW I FEEL THIS MORNING

Energy level: 1 2 3 4 5

Mood: calm irritable anxious

Brain fog: none mild heavy

Rested score: 1 2 3 4 5

■ MORNING SYMPTOMS

Headache

Fatigue

Palpitations

Anxiety

Bloating

Joint pain

Hot flashes

Mood low

■ POSSIBLE TRIGGERS LAST NIGHT

Alcohol

Caffeine PM

Spicy food

Stress

Warm room

Screen time late

Heavy meal

Hormone day

■ WHAT HELPED / NOTES

Track digitally with CSV download → HerMidlifeWellnessHelp.com

Week 4 Review

Days 25–30

SLEEP SUMMARY

Avg hours slept: _____

Avg sleep quality: _____

Best night (day #): _____

Hardest night (day #): _____

NIGHT SWEAT SUMMARY

Nights with sweats: _____

Nights sweat-free: _____

Most common intensity: _____

ENERGY, MOOD & BRAIN FOG

Avg energy score: _____

Most common mood: _____

Brain fog — mostly: _____

TRIGGER PATTERNS THIS WEEK

WHAT SEEMED TO HELP THIS WEEK

ONE THING I'LL TRY DIFFERENTLY IN WEEK 5

30-Day Summary · Share with your doctor

"30 nights of data speak louder than any single appointment."

KEY NUMBERS ACROSS 30 NIGHTS

Nights tracked

Avg sleep quality

Avg hours slept

Nights with sweats

SLEEP & SWEAT TRENDS

Best week for sleep: _____

Worst week for sleep: _____

Most sweat-free week: _____

MOOD & BRAIN FOG PATTERNS

Most common mood: _____

Brain fog — mostly: _____

Days mood was best: _____

TOP 3 TRIGGERS IDENTIFIED

1. _____
2. _____
3. _____

WHAT HELPED MOST THIS MONTH

QUESTIONS TO ASK MY DOCTOR

Track your next 30 nights digitally

Browser app · CSV download · history & insights · HerMidlifeWellnessHelp.com

Talking to your doctor about midlife sleep & hormones

"You deserve a provider who takes your data seriously."

WHAT TO BRING

- **These pages** printed or screenshot — whichever is easiest.
- **Specific numbers** "I had night sweats on 22 of 30 nights. Severity was mostly moderate."
- **Your patterns** "They were worst in weeks 1 and 3 — here are my trigger notes."
- **Mood & brain fog data** "My brain fog was heavy on 14 days. My mood was mostly irritable."
- **What helped** "Cooling pillow and magnesium glycinate reduced episodes on several nights."

QUESTIONS WORTH ASKING

- Could this be perimenopause or menopause — and what tests confirm it?
- Am I a candidate for HRT, bioidentical hormones, or other hormone support?
- What lifestyle changes have the strongest evidence for night sweats?
- Could my mood and brain fog symptoms be hormone-related?
- What should I track next — and when do you want a follow-up?

KNOW THIS

- Perimenopause can begin in your late 30s. Night sweats, mood shifts, and brain fog are classic signs.
- Sleep disruption raises cortisol, which worsens sweats, which worsen sleep — a cycle worth breaking.
- Brain fog and irritability often improve once sleep improves. Track both.
- You are not imagining this. You are not overreacting. Your data proves it.

Track your next 30 nights digitally

Sleep & Night Sweat Tracker app — browser-based, CSV export,
insights dashboard · HerMidlifeWellnessHelp.com · \$37