



Nurturing Sleep & Hormonal Health

ASSESSMENT





Welcome

Welcome to a practical exploration of a topic often overlooked in women's health: **the significant impact of sleep on hormonal health.**

By delving into this tracker, you're moving towards a better understanding of a crucial, yet frequently neglected aspect of overall well-being.

In the daily grind, the importance of sleep can easily be overlooked.

However, sleep is more than just a rest period; it's a critical phase when your body is **recovering and restoring.**

Sleep helps to regulate hormones, significantly affecting your digestive health, cravings, mood, energy levels, weight, and overall health. ***This is particularly true during the hormonal transitions of menstruation, pregnancy, postpartum, perimenopause and menopause.***

This tracker is designed as a straightforward tool to help you explore your sleep patterns, understand how they can affect your hormonal health, and discover practical ways to improve both your sleep **quality and quantity.**

With each entry in this journal, you're doing more than just recording sleep; ***you're gaining insights and taking charge of a vital aspect of your hormonal health.***

Initial Sleep Assessment

NAME:

DATE:

Having a bedtime routine helps the body and mind understand that it's time to wind down, promoting better sleep quality. **Consistent routines** help regulate your circadian rhythm, making it easier to fall asleep and wake up refreshed. They can also help you to relax and reduce stress, paving the way for more restful sleep.

BEDTIME ROUTINE:

Please check all relevant boxes that describe your typical bedtime routine:

- ☐ Alcohol
- ☐ Smoke - traditional cigarettes / cannabis joint / E-cigarette / vapes
- ☐ Read a book or e-book
- ☐ Listen to music
- ☐ Meditation, mindfulness or breathing exercises
- ☐ Sleep aid app (e.g., Calm, Headspace)
- ☐ Listen to bedtime stories (ap) or podcasts
- ☐ Watch a movie - TV, laptop, iPad
- ☐ Scroll through social media - Tik Tok, Instagram, Facebook, YouTube etc
- ☐ Herbal Tea
- ☐ Regular Tea
- ☐ Take sleep supplements or medications
- ☐ Warm bath or shower
- ☐ Stretching/Yoga
- ☐ Dim the lights
- ☐ No screens, including the tv
- ☐ Journaling or reflective writing
- ☐ Exercise (Please specify type and duration):

☐ Other (please explain):

Nutrition Evening Routine

A balanced evening meal with both protein and complex carbohydrates may help to improve sleep, while heavy or late-night meals might disrupt it. Limiting caffeine and alcohol close to bedtime is also advisable, as they can both interfere with sleep quality and quantity.

EVENING MEAL:

Please check all relevant boxes that describe your typical evening meal:

- ☐ Protein sources (e.g., meat, fish, beans)
- ☐ Carbohydrates - especially high in fiber
- ☐ Healthy fats (e.g., avocados, nuts, olive oil)
- ☐ Light meal
- ☐ Heavy or large meal
- ☐ Home-cooked meals most nights
- ☐ Rely on processed or pre-packaged foods
- ☐ Includes fresh produce or vegetables
- ☐ Includes plant-based food options
- ☐ Includes local or farm-fresh ingredients
- ☐ Eat out at restaurants more than twice a week
- ☐ Regular takeout/delivery - More than twice a week
- ☐ Consumption of caffeine in the evening (e.g., coffee, certain teas, soda)
- ☐ Alcohol Consumption
- ☐ Regularly have dessert
- ☐ Consume late-night snacks or meals
- ☐ Dietary restrictions or allergies (Please specify):

Bed Time

A consistent sleep schedule, including on weekends, can help to improve your sleep quality and quantity.

TIME WENT TO BED:

TIME YOU WOKE UP:

Ease of Falling Asleep:

- ☐ Easy
- ☐ Took some time
- ☐ Difficult
- ☐ Very Difficult

Prescribed Medications taken:

☐ Medication 1:		Dosage:	
☐ Medication 2:		Dosage:	
☐ Medication 3:		Dosage:	
☐ Medication 4:		Dosage:	

Supplements Taken (if any):

☐ Supplement 1:		Dosage:		Reason:	
☐ Supplement 2:		Dosage:		Reason:	
☐ Supplement 3:		Dosage:		Reason:	
☐ Supplement 4:		Dosage:		Reason:	

Sleep Quality:

(Average) Total Number of Hours Slept Each Night:

Please select the range that best represents your average hours of sleep every night:

- | | | | | |
|---------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|
| ☐ < than 2 hrs | ☐ 3-4 hours | ☐ 5-6 hours | ☐ 7-8 hours | ☐ 9-10 hours |
| ☐ 2-3 hours | ☐ 4-5 hours | ☐ 6-7 hours | ☐ 8-9 hours | ☐ > than 10 hrs |

How long does it typically take you to fall asleep once in bed?

Please select the range that best represents your average hours of sleep every night:

- | | |
|--|---|
| ☐ Less than 5 minutes | ☐ 30-45 minutes |
| ☐ 5-10 minutes | ☐ 45-60 minutes |
| ☐ 10-20 minutes | ☐ More than 1 hour |
| ☐ 20-30 minutes | |

Quality of sleep:

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

Disturbed Sleep:

- ☐ No ☐ Yes

Sleep Disturbances:

- ☐ Night Sweats
- ☐ Pain (please explain): _____
- ☐ Bad dreams
- ☐ Hot Flushes
- ☐ Frequent Awakenings
- ☐ Need to Urinate
- ☐ Anxious thoughts
- ☐ Children
- ☐ Noisy Partner (e.g. snoring)
- ☐ Leg Cramps
- ☐ Pets
- ☐ Environment (please explain): _____

-
- ☐ Other (please explain): _____
-

Sleep Environment:

Rate the comfort of your sleeping environment (e.g., bedding, temperature, noise):

- ☐ Very Comfortable ☐ Comfortable ☐ Neutral
☐ Uncomfortable ☐ Very Uncomfortable

Dream Recall:

- ☐ No ☐ Yes

☐ Notes on Dreams:

Morning Routine

WAKE-UP TIME:

Ease of Waking Up:

☐

Easy

☐

Somewhat Difficult

☐

Somewhat easy

☐

Very Difficult

☐

Neutral

Morning Energy Levels:

☐

Very Energized

☐

Tired

☐

Energized

☐

Very Tired

☐

Neutral

☐

Exhausted (went back to bed)

Breakfast Habits:

☐

Always eat breakfast

• If you eat breakfast, what do you typically have?

☐

Sometimes skip breakfast

☐

Often skip breakfast

☐

Always skip breakfast

• Reason for skipping breakfast (if applicable):

☐

Not hungry

☐

Don't like breakfast foods

☐

No time

☐

Other:

☐

Trying to lose weight

• Coffee Consumption

• Reason for Coffee Consumption:

☐

None

☐

Enjoy the taste

Additional information:

☐

1 cup

☐

Need it to wake up

☐

2 cups

☐

Habitual

☐

3 or more cups

☐

Social reasons

Additional Information

Shift Worker

☐ Yes

☐ No

Additional information:

Pregnant:

☐ Yes

☐ No

Weeks Pregnant/Pregnancy Symptoms
(please explain):

Additional information:

Postpartum:

☐ Yes

☐ No

Additional information:

Breastfeeding:

☐ Yes

☐ No

Additional information:

Cosleeping:

- ☐ Bed-sharing with an infant
- ☐ Room-sharing: Keeping your child's crib, bassinet, or bed in your room

Additional information:

Sleep Training Your Infant:

- ☐ Yes
- ☐ No

Additional information:

Perimenopausal/Menopausal:

- ☐ Yes
- ☐ No

Peri/Menopausal Symptoms (please explain):

Additional information:

Elderly Family Members in the Household:

Do you have elderly parents or family members living with you? Their needs or habits may influence your sleep patterns.

- ☐ Yes
- ☐ No

If yes, please explain any sleep disturbances or challenges related to their care:



Hi, I'm Pat

 [@reclaimurhealth](#)

 [@patricia_tufts](#)

 [@pat2809](#)

LET'S CONNECT

I believe that true health is about more than just the number on the scale or the amount of kale you eat. It's about creating a balanced, joyful life that nourishes your body, mind, and spirit.

As your nutrition coach, I'll be your biggest cheerleader and support system, guiding you on your journey to vibrant health. Together, we'll work on developing healthy habits that fit into your busy lifestyle, and we'll celebrate your successes every step of the way.

Think of it like a delicious recipe: you bring the ingredients (your goals and challenges), and I'll help you mix them together in just the right way to create a masterpiece (a healthier, happier you!).

So let's get started on creating the healthy, happy life you deserve!

Patricia