Sleep and Wellness Log

Name: _____   Date: _____

Directions: Fill in the number (1-5) according the scale listed with each component – Add Comments

		SU	M	T	W	TH	F	SA	Comments
Sleep How well did you sleep last night?	1. Poorly/Horrible 2. Erratic/On-Off 3. OK/Pretty well 4. Soundly well 5. Great								
Rest/Nap Did you rest or nap during the day?	1. None 2. Short nap 3. Rested but no nap 4. 10 minutes 5. 20-30 minutes								
Energy How is your energy level?	1. Dead 2. Tired 3. OK 4. Lively 5. Superb								
Stress How much stress did you feel away from training?	1. Tons and tons 2. Just tons 3. Some, but OK 4. Little to none 5. No Stress								
Attitude How was your attitude about training today?	1. Why am I here? 2. What's wrong with me? 3. OK/Pretty good 4. Feeling good 5. I am the king/queen								
Performance How do you rate your performance today?	1. Really bad 2. Not good enough 3. OK/Average 4. Good work today 5. Great/on target								
Effort How much effort did you put into training today?	1. Very little 2. Some/Not enough 3. Plenty 4. More than enough 5. Everything I had								
Confidence How confident were you performing today?	1. I can't do it 2. I don't think I can do it 3. Maybe I can do it 4. I can definitely do it 5. Consider it done								
Learning How much did you learn in training today?	1. Empty set 2. I don't get it 3. Hmmmm? 4. AHA! 5. Eureka!								
Nutrition/Snacks How wise was your food intake today	1. Not wise at all 2. Some fast food 3. OK/Pretty good 4. Great 5. Perfect								
Hydration Did you hydrate properly today?	1. Hydrated throughout the day 2. Had enough fluid intake 3. Not enough fluid intake 4. Hydrated during training 5. Hydrated post-training								
Team Work How was the team work/spirit/attitude at training today?	1. Not good at all 2. Alright/Could be better 3. OK/Pretty good 4. Good 5. Excellent								
Total Points									