TheKey to Better Sleep:

Your Personal Sleep Tracker

Enhance Your Sleep Quality: Discover Patterns, Understand Influences, and Elevate Your Sleep Hygiene.

Older adults typically have the same sleep needs as younger adults (generally, 7-9 hours per night), but they tend to have more disrupted sleep.

Poor sleep in older adults is associated with a greater risk of falls, cognitive decline, and depressive symptoms. Evidence-based sleep hygiene practices, such as consistent sleep and wake times, increasing overall light exposure, and limiting caffeine, can improve sleep quality. Additionally, tracking not just sleep duration but also behaviors that influence sleep quality can provide valuable insights into improving overall sleep health and well-being.

Sharing this information with your doctor can assist them in better understanding any concerns about your sleep and help tailor appropriate interventions.

Sleep Well is a pillar of TheKey's Balanced Care Method®: A proprietary approach to whole person care for well-being of mind, body, and spirit.

Scan to learn more about the Balanced Care Method®

Please complete the following:

- What is your ideal time asleep?
- What is your ideal time awake?
- How much do you hope to exercise on average each day?
- What goals do you have for your sleep?

(Select all that apply)

- [ ] Sleep earlier
- [ ] Sleep later
- [ ] Wake up earlier
- [ ] Have more energy during the day
- [ ] Fewer/shorter naps
- [ ] Other

[1] Min, Y., & Slattum, P. W. (2018). Poor sleep and risk of falls in community-dwelling older adults: A systematic review. Journal of Applied Gerontology, 37(9), 1059-1084.
[2] Yaffe, K., Falvey, C. M., & Hoang, T. (2014). Connections between sleep and cognition in older adults. The Lancet Neurology, 13(10), 1017-1028.
[3] Fang, H., Tu, S., Sheng, J., & Shao, A. (2019). Depression in sleep disturbance: a review on a bidirectional relationship, mechanisms and treatment. Journal of cellular and molecular medicine, 23(4), 2324-2332.

Complete in the morning

Mon	Tues	Weds	Thurs	Fri	Sat	Sun
**WAKE-UP TIME	** What time did you wake up?					
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
**RESTFULNESS	** How rested and refreshed do you feel this morning, on a scale from 1-10? (1- Not Rested — 10- Extremely Rested)					
**TIME TO BED	** What time did you get into bed?					
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
**TIME ASLEEP	** What time did you fall asleep?					
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
**NIGHT WAKINGS	** How many times did you wake up during the night?					
**TIME AWAKE	** How much time did you spend awake during the night?					
**TOTAL SLEEP TIME	** How many total hours and minutes did you spend asleep?					
**SLEEP QUALITY	** How would you rate your sleep quality from 1-10? (I-Poor-10 Excellent)					
**INTENTIONS FOR THE DAY	** What are you hoping to do today?					

Complete in the evening

Mon	Tues	Weds	Thurs	Fri	Sat	Sun
NAPS | Did you nap today? If yes, for how long?						
NAP TIMING | If you napped today, what time did you nap?						
am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
EXERCISE | Total minutes of exercise today, type of exercise						
INTENTION CHECK-IN | Did you do what you hoped to do today? How did it go?						
MOOD | How would you describe your mood before bed? (e.g. Relaxed, Anxious, Content, Other)						
INTAKE | What did you consume in the 2-3 hours before bed?						
PAIN | What's your pain level, 0-10?						
NIGHTTIME ROUTINE | What is your pre-sleep routine?						
SLEEP AID | List any medications or supplements you took before bed (e.g. melatonin)						