Weekly Lifestyle and Sleep Log

Use one row per day. Record what you can; blank spaces are okay. Copy this page for each new week or print another from the Patient Handouts section on the Sacred Soil Wellness website.

Week of: _____ Blood pressure goal discussed with clinician: _____

Day	Sleep hours	CPAP hours used*	Movement (minutes)	Stress 1–10
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

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