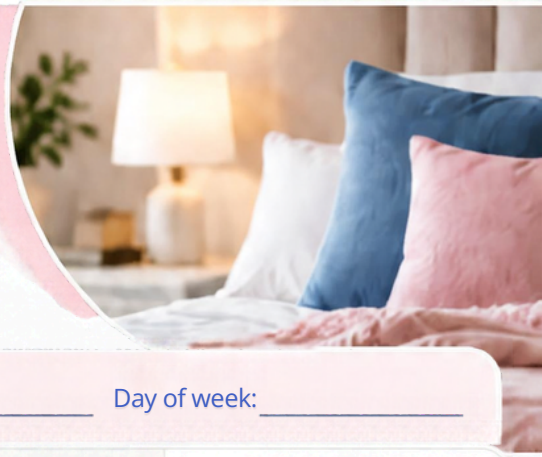
PERIMENOPAUSE
SLEEP TRACKER



Track your sleep, identify patterns, and learn what helps you wake up rested.

1 Daily Sleep Tracker

Date: _____ Day of week: _____

Bedtime	_____	Approx. time you fell asleep	_____
Number of times you woke up	_____	Total hours of sleep	_____
Wake-up time	_____	Sleep quality (1 to 10)	_____
Energy on waking (1 to 10)	_____	Wake feeling rested?	☐ Yes ☐ No
Anxiety / racing thoughts	☐ None ☐ Mild ☐ Moderate ☐ Severe	Night sweats / hot flashes	☐ No ☐ Yes

2 Previous Day Factors

Morning light exposure	☐ Yes ☐ No	Breakfast	☐ Yes ☐ No
Caffeine amount	_____ cups	Last caffeine	_____ time
Alcohol	☐ None ☐ Yes	Last drink	_____ time
Exercise / movement	☐ Yes ☐ No	Stress level (1 to 10)	_____
Screen use within 60 minutes of bed	☐ Yes ☐ No	Bedroom cool and dark	☐ Yes ☐ No
Supplements taken	_____	Other notes	_____

3 What Did You Notice?

_____

_____

_____

_____

_____

JENNIFER ROELANDS, MD
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PERIMENOPAUSE
SLEEP SUPPORT PROTOCOL

Daily habits and clinician-guided options to support more restful sleep.

MORNING

- Get natural morning light exposure to help anchor your body clock.
- Start the day with a balanced, protein-rich breakfast.
- Be mindful of caffeine. Track the amount and timing, as caffeine later in the day may interfere with sleep.

DURING THE DAY

- Notice changes in anxiety, irritability, stress, and other symptoms that may coincide with sleep disruption.
- Track caffeine and alcohol intake and observe whether either is associated with changes in your sleep.
- Include regular movement, as appropriate for your health and schedule.

EVENING

- Keep your bedroom cool, dark, and comfortable.
- Set aside approximately 60 minutes before bed for a consistent wind-down routine; reduce stimulating activities and screen use use.
- If you drink alcohol, consider avoiding it while troubleshooting sleep. Alcohol can disrupt sleep even when it makes you feel drowsy.
- Aim for a consistent bedtime and wake-up time.

SUPPLEMENT SUPPORT: DISCUSS WITH YOUR CLINICIAN

Sleep Support Supplement Protocol

Supplement	Suggested Protocol	Duration
Melaton-3 (Thorne)	1 capsule once daily	3 weeks minimum
Valerian Root 625 mg (Vital Nutrients)	2 capsules once daily	4 weeks minimum
Lavela WS 1265 (Integrative Therapeutics)	1 softgel once daily	3 months / 10 weeks minimum
Insomnitol (Designs for Health)	2 capsules twice daily	1 month, or as a tea for a minimum of 2 weeks

Sleep Support Plan: These supplements may be used as part of an individualized sleep-support approach. Follow the recommended dosing and duration provided by your healthcare professional.

Fullscript: Shop the Sleep Support Plan on Fullscript

Important: This tracker and protocol are educational tools, not individualized medical advice. Check with your healthcare professional before starting, combining, or changing supplements, especially if you take medication or have a medical condition. Do not use supplements as a substitute for président insomnia, sleep apnea symptoms, severe mood changes, or other concerning symptoms. Do not start or stop hormone therapy based on this handout.

YOUR SLEEP BIOHACKING CHECK-IN

After 7 to 14 days, review your tracker. Look for patterns in caffeine timing, alcohol, light exposure, bedtime routine, symptoms, and supplement use. Change one habit at a time so you can better identify what helps.

TRACK YOUR SLEEP. NOTICE YOUR PATTERNS. WAKE UP MORE RESTED.