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ALONGSIDE TRYING THE SLEEP TIPS BELOW, WE RECOMMEND SIPPING
ON A CALMING CUP OF PUKKA HERBS' ORGANIC NIGHT TIME TEA EVERY NIGHT.

day 1:

CREATE THE PERFECT SLEEP ENVIRONMENT

One that's cool, dark and free from clutter.

day 2:

PROTECT YOUR SLEEP SPACE

Remove technology from your sleep space
and avoid exposure to blue light from screens.

day 3:

SET A SLEEP PATTERN

Set a bedtime and waking time you can stick
to every day, even at the weekends.

day 4:

PRACTISE A RELAXING SLEEP ROUTINE YOU LOVE

Your relaxing routine can be as simple as reading a book,
listening to a podcast, meditation or adding essential oils
to your bath or bed.

day 5:

CUT DOWN ON CAFFEINE

Caffeine can help kick-start our day but try to avoid it
after 12pm to make it easier to unwind in the evening.

day 6:

UNWIND WITH SLEEPY INGREDIENTS

Include foods that contain tryptophan, such as oats,
dates, almonds and herbs such as chamomile, lavender
and spices such as nutmeg.

day 7:

INTRODUCE LIGHT AND MOVEMENT TO YOUR DAY

Aim to get outside in natural daylight for at least 30 minutes
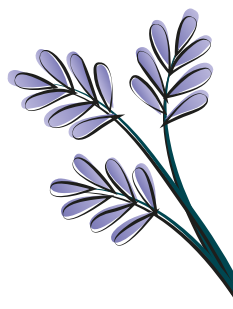every day, ideally doing some gentle movement.

Now that you've created a sleep space, routine and pattern
you enjoy, use this calendar to keep track of your journey.

Tracking your daily habits, as well as how well you're sleeping will
give you personal insights to help you improve your sleep health.

Share your sleep updates
@pukkaherbs #sleepwithpukka
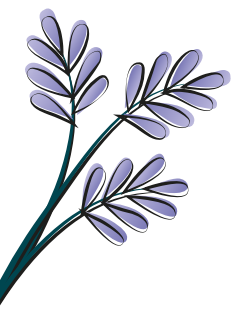
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change in diet/events	symptoms/scores
day 1:	**HOURS SLEEP** _____ **INSOMNIA SCORE** /10 **FATIGUE SCORE** /10 **OTHER SYMPTOMS**
day 2:	**HOURS SLEEP** _____ **INSOMNIA SCORE** /10 **FATIGUE SCORE** /10 **OTHER SYMPTOMS**
day 3:	**HOURS SLEEP** _____ **INSOMNIA SCORE** /10 **FATIGUE SCORE** /10 **OTHER SYMPTOMS**
day 4:	**HOURS SLEEP** _____ **INSOMNIA SCORE** /10 **FATIGUE SCORE** /10 **OTHER SYMPTOMS**
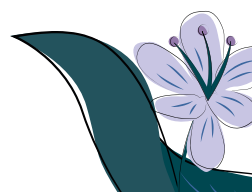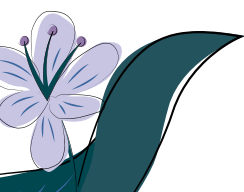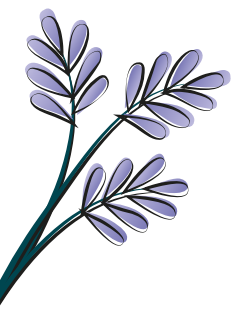
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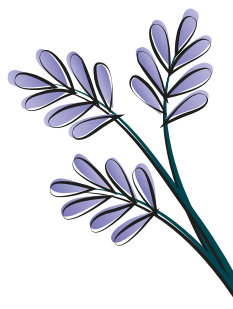
change in diet/events	symptoms/scores
day 5:	**HOURS SLEEP** _____ **INSOMNIA SCORE** /10 **FATIGUE SCORE** /10 **OTHER SYMPTOMS**
day 6:	**HOURS SLEEP** _____ **INSOMNIA SCORE** /10 **FATIGUE SCORE** /10 **OTHER SYMPTOMS**
day 7:	**HOURS SLEEP** _____ **INSOMNIA SCORE** /10 **FATIGUE SCORE** /10 **OTHER SYMPTOMS**

whole week review: