

SLEEP HYGIENE WORKSHEET

Record your use of sleep hygiene strategies over a week. Your goal is to use at least one good sleeping habit from any three categories each night. Check the cell of each habit you used.

Sleep Hygiene Category	Good sleeping habits	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Timing	Set a constant bed time							
	Set a constant wake time							
	Do not take naps							
Sleep Behavior	Have a pre-sleep ritual							
	Only use the bed for sleep							
	If unable to sleep for more than 15 minutes, get out of bed							
Environment	Take a warm bath							
	Keep temperature of room constant							
	Keep bedroom dark							
Ingestion	Avoid caffeine, nicotine, and alcohol before bed							
	Eat a light snack before bed							
Mental Control	Avoid stimulating activities; do mentally quiet tasks							
	Use relaxation techniques (breathing, imagery)							

Total number of habits used per night: ___ ___ ___ ___ ___ ___ ___