Sleep Hygiene Practice Sheet

Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week Starting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the far left column, put down the days of the week. Then put times/hours in bed, and what you did in the 4 hours before bed, in the next three columns. Along with describing the strategies you used, please rate your degree of rumination before and after using skills. Write in 0 if you had no rumination. Finally, rate the overall usefulness of your strategies.

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| Day | Time to bed/time up | Hours/minutes in bed during the day | Food, drink, exercise within 4 hours of bed | Starting emotion/rumination intensity (0-100) | Describe strategies used to get to sleep (or back to sleep) | Ending emotion/rumination intensity (0-100) | Usefulness of strategies (0-100) |
|  | \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | Hrs:\_\_\_\_\_\_\_\_  Min: \_\_\_\_\_\_\_ |  |  |  |  |  |
|  | \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | Hrs:\_\_\_\_\_\_\_\_  Min: \_\_\_\_\_\_\_ |  |  |  |  |  |
|  | \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | Hrs:\_\_\_\_\_\_\_\_  Min:\_\_\_\_\_\_\_\_ |  |  |  |  |  |
|  | \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | Hrs:\_\_\_\_\_\_\_\_  Min:\_\_\_\_\_\_\_\_ |  |  |  |  |  |
|  | \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | Hrs:\_\_\_\_\_\_\_\_  Min:\_\_\_\_\_\_\_\_ |  |  |  |  |  |
|  | \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | Hrs:\_\_\_\_\_\_\_\_  Min:\_\_\_\_\_\_\_\_ |  |  |  |  |  |
|  | \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | Hrs:\_\_\_\_\_\_\_\_  Min:\_\_\_\_\_\_\_\_ |  |  |  |  |  |