Sleep Hygiene Guidelines

Keep the bedroom at a cool, moderate temperature. Extremes of heat or cold can disrupt sleep.

Keep the bedroom quiet. Noises can be masked with white noise (such as a fan) or with earplugs.

Keep the bedroom dark. Bedrooms may be darkened with black-out shades or sleep masks can be worn.

Position clocks out-of-sight since clock-watching can increase worry and worsen insomnia.

Limit your time in bed. Don't lay in bed awake – if you aren't asleep in about 20 minutes get up and do something relaxing outside the bedroom. Return to bed when you feel sleepy.

Don't confuse tiredness with sleepiness, they are different. You can be physically or mentally tired without being sleepy. Signs of sleepiness can be yawning, head bobbing, eyes closing, concentration decreasing. Going to bed when tired but not sleepy can lead to lying awake or tossing and turning.

Wake up at a regular time regardless of how well or how long you slept, all 7 days of the week. Consistent wake up time is even more essential to improving sleep rhythm than the time you fall asleep.

Get out of bed immediately after you wake up. Limit time in bed both before AND after sleep.

View light first thing in the morning. Ideally sunlight if possible, or very bright indoor light. You can also try to view natural light around sunset or dusk. Natural light does more for your circadian rhythm than looking at a clock ever will.

Avoid/Reduce naps. If you must nap, keep it brief. It is best to set an alarm to ensure you don't sleep more than 15 minutes.

Avoid caffeine 6-8 hours before bedtime (even if you don't find caffeine stimulating).

Avoid alcohol after dinner. Alcohol often promotes the onset of sleep, but sleep is fragmented and lower quality.

Avoid nicotine before bedtime. Nicotine is initially relaxing, but later produces a stimulating effect similar to caffeine.

Turn off TV, computers, tablets, and smart phones 1 hour before bedtime. If TV is your relaxing activity, try to move it up a bit earlier in the evening.

Don't go to bed too hungry or too full. Keep bedtime snacks light. Avoid snacks in the middle of the night.

Regular exercise has been shown to aid sleep, although the positive effect often takes several weeks to become noticeable. Avoid exercise within 2 hours of bedtime.

Taking a hot bath for 20 minutes 1-2 hours prior to bedtime may promote sleep.

Schedule "Worry Time." Research shows that scheduling "worry time" can help contain worry and anxiety. Pick a set time every day, at least 3 hours before bedtime, when you can worry for 15-30 minutes. During this set time, write down all of the worries that come to mind, and feel free to engage in constructive problem solving if there are any actionable steps you can do to address the worry. If not, move on to the next worry. When a worry pops up right before bedtime or in the middle of the night, tell yourself to DELAY this worry until your set worry time.

Keep pen and paper by the bed to jot down thoughts and tasks (and get them out of your mind). Like "worry time," when thoughts about a task pop up right before bedtime or in the middle of the night, write it down and tell yourself to DELAY further thought on the task until the following day.

Keep a Sleep Log. Tracking your time in bed and time asleep each night helps you objectively record your sleep, find areas for improvement, and see your progress.

Sleep Log Instructions

WHAT: A sleep log is designed to gather data about your daily sleep pattern.

HOW OFTEN and WHEN do I fill it out? It is important to complete your sleep log every day. Ideally, it should be completed within one hour of getting out of bed in the morning.

What should I do if I miss a day? If you forget to fill in the log or are unable to finish it, leave the log blank for that day.

What if something unusual affects my sleep or how I feel in the daytime? If your sleep or daytime functioning is affected by some unusual event (such as an illness, or an emergency) you may make brief notes on your log.

What do the words "bed" and "day" mean on the log? This log can be used for people who are awake or asleep at unusual times. In the sleep log, the word "day" is the time when you choose or are required to be awake. The term "bed" means the place where you usually sleep.

Will answering these questions about my sleep keep me awake? This is not usually a problem. You should not worry about giving exact times, and you should not watch the clock. Just give your best estimate.

Item Instructions
Use the guide below to clarify what is being asked for each item of the Sleep Log.

- *Date:* Write the date of the morning you are filling out the log.

1. *What time did you get into bed?* Record the time you got into bed for the night.
2. *About what time did you fall asleep?* This is difficult to pinpoint, so just give your best guess!
3. *In total, about how long were you up in the middle of the night?* Record the total time you were awake between the time you first fell asleep and your final awakening. For example, if you woke 3 times for 10 minutes, 30 minutes, and 45 minutes, add them all up (10+30+45= 85 min or 1 hr and 25 min).
4. *What time was your final awakening?* Record the last time you woke up in the morning.
5. *What time did you get out of bed for the day?* Record the time you got out of bed.
6. ***Time in Bed****.* Calculate the total time you spent in bed (#5 minus #1).
7. ***Time Asleep****.* Calculate the total time you spent asleep (#4 minus #2 minus #3).
8. ***Sleep Efficiency***. Divide Time Asleep by Time in Bed (#7 divided by #6).
9. *How would you rate the quality of your sleep?* "Sleep Quality" is your sense of whether your sleep was good or poor.
10. *In total, how long did you nap or doze yesterday?* Record the total amount of time spent napping in the day.
11. *Comments.* Feel free to write anything that you would like to say that is relevant to your sleep.

At the end of the week, **calculate** the averages for #6, #7, and #8.

Today's Date	Saturday 10/15/2022	Sunday 10/16/2022	Monday 10/17/2022	Tuesday 10/18/2022	Wednesday 10/19/2022	Thursday 10/20/2022	Friday 10/21/2022	**Calculated Averages**
1. What time did you get in bed?	9:00 pm	9:00 pm	9:30 pm	10:30 pm	10:00 pm	10:30 pm	11:00 pm	
2. About what time did you fall asleep?	~ 12:00 am	~ 1:30 am	~ 11:00 pm	~ 11:00 pm	~ 10:30 pm	~ 11:00 pm	~ 11:30 pm	
3. In total, about how long were you up in the middle of the night?	1 hour	30 minutes	n/a	1.5 hours	1 hour	1 hour	n/a	n/a
4. What time was your final awakening?	8:30 am	9:00 am	6:30 am	6:30 am	5:00 am	6:30 am	6:30 am	
5. What time did you get out of bed for the day?	10:00 am	9:30 am	7:00 am	7:00 am	7:00 am	7:00 am	7:00 am	
6. Time in Bed (#5 minus #1)	13 hours	12.5 hours	9.5 hours	8.5 hours	9 hours	8.5 hours	8 hours	9.8 hours
7. Total Time Asleep (#4 minus #2 minus #3)	7.5 hours	7 hours	7.5 hours	6 hours	5.5 hours	6.5 hours	7 hours	6.7 hours
8. Sleep Efficiency (Time Asleep ÷ Time in Bed)	57.7%	56.0%	78.9%	70.6%	61.1%	76.5%	87.5%	69.8%
9. How would you rate the quality of your sleep?	☐ Very Poor ☐ Poor ☒ Fair ☐ Good ☐ Very Good	☐ Very Poor ☒ Poor ☐ Fair ☐ Good ☐ Very Good	☐ Very Poor ☐ Poor ☐ Fair ☒ Good ☐ Very Good	☐ Very Poor ☒ Poor ☐ Fair ☐ Good ☐ Very Good	☐ Very Poor ☒ Poor ☐ Fair ☐ Good ☐ Very Good	☐ Very Poor ☐ Poor ☐ Fair ☒ Good ☐ Very Good	☐ Very Poor ☐ Poor ☐ Fair ☐ Good ☒ Very Good	
10. In total, how long did you nap or doze yesterday?		30 minutes		1.5 hours				n/a
Comments (if applicable)	Alcohol after work			Felt stuffy, didn't wear CPAP				

Today's Date								**Calculated Averages**
1. What time did you get in bed?								
2. About what time did you fall asleep?								
3. In total, about how long were you up in the middle of the night?								n/a
4. What time was your final awakening?								
5. What time did you get out of bed for the day?								
6. Time in Bed (#5 minus #1)								
7. Total Time Asleep (#4 minus #2 minus #3)								
8. Sleep Efficiency (Time Asleep ÷ Time in Bed)								
9. How would you rate the quality of your sleep?	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	
10. In total, how long did you nap or doze yesterday?								n/a
Comments (if applicable)								

Today's Date								**Calculated Averages**
1. What time did you get in bed?								
2. About what time did you fall asleep?								
3. In total, about how long were you up in the middle of the night?								n/a
4. What time was your final awakening?								
5. What time did you get out of bed for the day?								
6. Time in Bed (#5 minus #1)								
7. Total Time Asleep (#4 minus #2 minus #3)								
8. Sleep Efficiency (Time Asleep ÷ Time in Bed)								
9. How would you rate the quality of your sleep?	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	
10. In total, how long did you nap or doze yesterday?								n/a
Comments (if applicable)								

Today's Date								**Calculated Averages**
1. What time did you get in bed?								
2. About what time did you fall asleep?								
3. In total, about how long were you up in the middle of the night?								n/a
4. What time was your final awakening?								
5. What time did you get out of bed for the day?								
6. Time in Bed (#5 minus #1)								
7. Total Time Asleep (#4 minus #2 minus #3)								
8. Sleep Efficiency (Time Asleep ÷ Time in Bed)								
9. How would you rate the quality of your sleep?	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	□ Very Poor □ Poor □ Fair □ Good □ Very Good	
10. In total, how long did you nap or doze yesterday?								n/a
Comments (if applicable)								