

## Chronophysiology & Sleep Hygiene Training

## GOOD SLEEP HYGIENE

| DO:  |  |  |  |
|--|--|--|--|
| 1. Go to bed and get up at the same time. Try to maintain something close to this on weekends.   |  |  |  |
| 2. Get regular exercise each day, preferably in the morning (evidence that exercise (including stretching/aerobic) improves restful sleep. |  |  |  |
| 3. Get regular exposure to outdoor or bright light, especially in the afternoon.   |  |  |  |
| 4. Keep temperature in your bedroom comfortable.   |  |  |  |
| 5. Keep bedroom quiet and dark enough to facilitate sleep  |  |  |  |
| 6. Use your bed only for sleep (and sexual activity).  |  |  |  |
| 7. Establish a regular, relaxing bedtime routine. (ex: warm bath/shower, aromatherapy, reading, music).                                    |  |  |  |
| 8. Use a relaxation exercise before going to sleep or relaxing imagery.  |  |  |  |
| 9. Keep your feet and hands warm. Wear warm socks to bed.  |  |  |  |
| 10. Designate another time to write down problems and possible solutions (ex: late afternoon/early evening).                               |  |  |  |
| DONT:  |  |  |  |
| 1. Exercise before going to bed.   | 8. Take daytime naps (No longer than 20 minutes).                      |  |  |
| 2. Engage in stimulating activities just before bed.   | 9. Command yourself to go to sleep.                                    |  |  |
| 3. Have caffeine in the evening (coffee, teas, etc.)   | 10. Watch the clock or count minutes.                                  |  |  |
| 4. Read or watch television in bed.  | 11. Lie in bed awake more than 20-30 minutes.                          |  |  |
| 5. Use alcohol to help you sleep.  | 12. Succumb to maladaptive thoughts.                                   |  |  |
| 6. Go to bed to hungry or to full.   | 13. Change your daytime routine the next day if you didn't Sleep well. |  |  |
| 7. Take another person's sleeping pills.   | 14. Increase caffeine intakes the next day.                            |  |  |

## SATED QUESTIONNAIRE

|   | Rarely/Never<br>(0) | Sometimes<br>(1) | Usually/Always<br>(2) |
|---|---------------------|------------------|-----------------------|
| 1. Are you satisfied with your sleep?   |                     |                  |                       |
| 2. Do you stay awake all day without dozing?  |                     |                  |                       |
| <ol> <li>Are you asleep (or trying to sleep) between 2:00<br/>am and 4 am?</li> </ol>   |                     |                  |                       |
| <ol> <li>Do you spend less than 30 minutes awake at<br/>night? (This includes the time it takes to fall asleep<br/>and awakenings from sleep.)</li> </ol> |                     |                  |                       |
| 5. Do you sleep between 6 and 8 hours per day?  |                     |                  |                       |
|   |                     |                  |                       |
| 0 = Poor Sleep Health   |                     | Good Sleep H     | lealth = 10           |