

## Sleep Hygiene - Getting Good Sleep

1. Expect a reasonable amount of sleep. Most adults need between 7 and 9 hours of sleep per night. Children need more and older adults usually need less sleep.
2. Spend a reasonable amount of time in bed. If you hope to get 8 hours of sleep make sure you go to bed at least 8 hours before you need to wake up. Also, do not get in the bed long before it is reasonable for you to go to sleep.
3. Try to keep the same sleep schedule each night. On weekends do not go to bed or sleep much later than your usual schedule.
4. Do not lie in bed for long periods of time and get frustrated by your inability to fall asleep. If you have been in bed for 30 minutes and have not fallen asleep, get out of bed and do something quiet, like reading for 30 minutes. Then go back to bed. If you still can't fall asleep after another 30 minutes get up and do a quiet activity again. Continue the cycle of lying in bed and the quiet activity until you fall asleep. No matter how late you fall asleep, get up at your usual time no matter how tired you are. This will train your body to sleep during the hours you prefer to sleep.
5. If you have trouble sleeping at night, do not allow yourself to nap during the day. For every minute that you nap during the daytime, you will lose about 2 minutes of sleep at night.
6. Use the bed for sleep and sex, but not for other activities. This trains your body to use the bed for sleeping.
7. Exercise daily. If you are physically tired, you are much more likely to fall asleep quickly. However, do not exercise vigorously within 3-4 hours of bedtime.
8. Do not use caffeine after noon time. The effects of caffeine in coffee, tea and energy drinks can last for several hours and prevent you from falling asleep. Caffeine has a "half-life" of about 6 hours. This means that 6 hours after you drink a cup of coffee, half that cup's stimulant effect is still active.
9. Limit your use of stimulant medications. These include some ADHD medicines and certain allergy/cold medicines.
10. Limit your alcohol intake. Alcohol may help you fall asleep, but it also causes "sleep fragmentation" which will cause you to wake in the middle of the night or early morning.
11. If you need a bedtime snack try milk, a banana or a small turkey sandwich. These foods contain a chemical called "tryptophan" which can help promote sleep.
12. Take a warm bath or shower before bed and then make sure your house or bedroom is cooler at night than it is during the day. Your body gets sleepy as it cools off.
13. If you tend to have cold feet, try wearing socks to bed or putting a warm water bottle near your feet in the bed.

Have a good night!

# Sample Sleep Diary

One of the best ways you can tell if you are getting enough good quality sleep, and whether you have signs of a sleep disorder, is by keeping a sleep diary. Use this sample diary to get started.

—Source: NHLBI

Name								
	Today's date (include month/day/year):	Mon*	Tues	Wed	Thurs	Fri	Sat	Sun
Complete in the Morning	Time I went to bed last night:	11 p.m.						
	Time I woke up this morning:	7 a.m.						
	No. of hours slept last night:	8						
	Number of awakenings and total time awake last night:	5 times 2 hours						
	How long I took to fall asleep last night:	30 mins.						
	How awake did I feel when I got up this morning? 1—Wide awake 2—Awake but a little tired 3—Sleepy	2						
Complete in the Evening	Number of caffeinated drinks (coffee, tea, cola) and time when I had them today:	1 drink at 8 p.m.						
	Number of alcoholic drinks (beer, wine, liquor) and time when I had them today:	2 drinks 9 p.m.						
	Nap times and lengths today:	3:30 p.m. 45 mins.						
	Exercise times and lengths today:	None						
	How sleepy did I feel during the day today? 1—So sleepy had to struggle to stay awake during much of the day 2—Somewhat tired 3—Fairly alert 4—Wide awake	1						
		* This column shows example diary entries—use as a model for your own diary notes						

The **National Sleep Foundation** is dedicated to improving health and well-being through sleep education and advocacy. It is well-known for its annual Sleep in America® poll. The Foundation is a charitable, educational and scientific not-for-profit organization located in Washington, DC. Its membership includes researchers and clinicians focused on sleep medicine, health professionals, patients, families affected by drowsy driving and more than 900 healthcare facilities.

*[www.sleepfoundation.org](http://www.sleepfoundation.org)*



NATIONAL SLEEP  
FOUNDATION

## Sleep Diary

**S**ufficient sleep is important for your health, well-being and happiness. When you sleep better, you feel better. The National Sleep Foundation Sleep Diary will help you track your sleep, allowing you to see habits and trends that are helping you sleep or that can be improved.

### How to Use the National Sleep Foundation Sleep Diary

- ❖ Our sleep diary only takes a few minutes each day to complete.
- ❖ We've given you diary entries for seven days; you may want to make several copies.
- ❖ Review your completed diary to see if there are any patterns or practices that are helping or hindering your sleep. Is your bedroom a sanctuary for sleep? Or are there too many distractions? Did your nap interfere with a good night's sleep?
- ❖ Make incremental changes. Changing one habit at a time can set you on the path to healthy sleep.

Visit [sleepfoundation.org](http://sleepfoundation.org) for more sleep tips.

Complete in Morning							
Start date: __/__/__	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of week:	_____	_____	_____	_____	_____	_____	_____
I went to bed last night at:	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM
I got out of bed this morning at:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
<b>Last night I fell asleep:</b>							
Easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After some time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I woke up during the night:</b>							
# of times							
# of minutes							
<b>Last night I slept a total of:</b>							
Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours
<b>My sleep was disturbed by:</b>							
List mental or physical factors including noise, lights, pets, allergies, temperature, discomfort, stress, etc.							
<b>When I woke up for the day, I felt:</b>							
Refreshed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat refreshed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Notes:</b>							
Record any other factors that may affect your sleep (i.e. hours of work shift, or monthly cycle for women).							

Complete at the End of Day							
Day of week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>I consumed caffeinated drinks in the:</b> (M)orning, (A)fternoon, (E)vening, (N/A)							
M / A / E / NA							
How many?	_____	_____	_____	_____	_____	_____	_____
<b>I exercised at least 20 minutes in the:</b> (M)orning, (A)fternoon, (E)vening, (N/A)							
<b>Medications I took today:</b>							
<b>Took a nap?</b> (circle one)							
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No	No	No
If Yes, for how long?							
<b>During the day, how likely was I to doze off while performing daily activities:</b>							
No chance, Slight chance, Moderate chance, High chance							
<b>Throughout the day, my mood was...</b> Very pleasant, Pleasant, Unpleasant, Very unpleasant							
<b>Approximately 2-3 hours before going to bed, I consumed:</b>							
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A heavy meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In the hour before going to sleep, my bedtime routine included:</b>							
List activities including reading a book, using electronics, taking a bath, doing relaxation exercises, etc.							