



**Self-Assessment of Sleep-Related Habits**

Section I: Health Habits Related to Sleep

**A. Eating**

	Never	Rarely	Sometimes	Frequently	Always
I eat a full meal or heavy food within 3 hours of bedtime.....	0	1	2	3	4
I drink 4 or more servings of caffeinated coffee, tea, or soda per day.....	0	1	2	3	4
I consume any caffeine within 6 hours of bedtime.....	0	1	2	3	4

**B. Exercise**

I exercise vigorously within 3 hours of bedtime.....	0	1	2	3	4
I exercise at least 20 minutes every day.....	4	3	2	1	0

**C. Substances**

I drink alcohol within 3 hours of bedtime.....	0	1	2	3	4
I smoke marijuana within 3 hours of bedtime.....	0	1	2	3	4
I smoke cigarettes within 3 hours of bedtime.....	0	1	2	3	4
I smoke cigarettes if I wake up from sleep.....	0	1	2	3	4
I take prescribed, over-the-counter, or herbal medications that may influence my sleep.....	0	1	2	3	4

Section II: Habits to Develop and Maintain a Sleep Routine

**A. Sleep schedule**

	Never	Rarely	Sometimes	Frequently	Always
When I can, I “sleep in” to catch up on my sleep.....	0	1	2	3	4
I go to bed when I’m NOT feeling tired or sleepy.....	0	1	2	3	4
I take naps .....	0	1	2	3	4
I wake up at the same time every day (even on weekends).....	4	3	2	1	0
I go to bed earlier than normal if I’m trying to catch up on sleep.....	0	1	2	3	4
I find myself hitting my snooze button on my alarm clock.....	0	1	2	3	4
I get access to bright light (e.g. outdoors) soon after I wake up.....	4	3	2	1	0

**B. Maintaining sleep environment**

My bed is comfortable, supportive, and large enough for me.....	4	3	2	1	0
My sleep environment is the right temperature.....	4	3	2	1	0
My sleep environment is dark enough.....	4	3	2	1	0
My sleep environment is free from noise.....	4	3	2	1	0
I find myself looking at my alarm clock while in bed.....	0	1	2	3	4
I study, read, watch TV, or hang out in/on my bed.....	0	1	2	3	4

**C. Rituals**

I take a shower or bath before going to bed.....	4	3	2	1	0
I change into sleeping attire before going to bed.....	4	3	2	1	0
I remember to use the rest-room before going to bed.....	4	3	2	1	0
I pray, meditate, or consciously relax before or right after I get into bed.....	4	3	2	1	0
I have a set routine I go through before going to sleep.....	4	3	2	1	0

Section III: Habits to Manage Difficulty Falling Asleep or Unwanted Awakenings

**A. Behavior management**

If I’m awake in bed for more than 20 minutes, I get out of bed and only return when I feel drowsy.....	4	3	2	1	0
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**B. Thought management**

Worrying or excessive thinking keeps me from falling asleep.....	0	1	2	3	4
If I wake up, I become upset.....	0	1	2	3	4
I believe that if I don’t get enough sleep, my whole day will be ruined.....	0	1	2	3	4
I set time aside every day specifically to worry and make to-do lists.....	4	3	2	1	0

What to do with your self-assessment of sleep-related habits:

This self-assessment tool is intended to help you identify things you can change to improve your sleep. The statements on the other side of this form reflect common behaviors, situations, and beliefs that often times influence the quality of a person's sleep.

A score of '0' on an item indicates that you are doing (or avoiding) something that is helpful for good sleep. There is no need to make changes for these items.

A score of '1,' '2,' '3,' or '4' indicates a counterproductive pattern of doing (or avoiding) something likely to interfere with good sleep. Higher scores show things you are doing more frequently. You should consider ways to change your habits, beliefs, or situations for items that marked a score of '1,' '2,' '3,' or '4.' The general idea would be to make changes so that you would score a '0' on each item. If you are unsure of how or why to make these changes, you should ask your health care professional.

Write down the changes that you want to make on your own:

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Write down the changes you want to talk to your health care professional about:

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