

Sleep Hygiene Worksheet

Client Information

Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Phone Number: _____

Sleep Schedule:	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.
Set a consistent bedtime and wake-up times	☐	☐	☐	☐	☐	☐	☐
Aim for a total of 6-8 hours of sleep per night	☐	☐	☐	☐	☐	☐	☐
Creating a Sleep-Friendly Environment:							
Keep the bedroom quiet, dark, and cool	☐	☐	☐	☐	☐	☐	☐
Remove electronic devices from the bedroom	☐	☐	☐	☐	☐	☐	☐
Ensure a comfortable mattress and pillow	☐	☐	☐	☐	☐	☐	☐
Managing Stimulants:							
Limit or avoid caffeine intake, especially close to bedtime	☐	☐	☐	☐	☐	☐	☐
Minimize alcohol and nicotine consumption, as they can disrupt sleep	☐	☐	☐	☐	☐	☐	☐
Relaxation Techniques:							
Practice deep breathing exercises	☐	☐	☐	☐	☐	☐	☐
Try progressive muscle relaxation	☐	☐	☐	☐	☐	☐	☐
Consider incorporating mindfulness or meditation	☐	☐	☐	☐	☐	☐	☐
Additional Tips:							
Establish a relaxing bedtime routine	☐	☐	☐	☐	☐	☐	☐
Exercise regularly, but not too close to bedtime	☐	☐	☐	☐	☐	☐	☐
Avoid napping during the day	☐	☐	☐	☐	☐	☐	☐

Remember: Consistency is key! Implement these strategies consistently to improve your sleep hygiene and overall sleep quality.