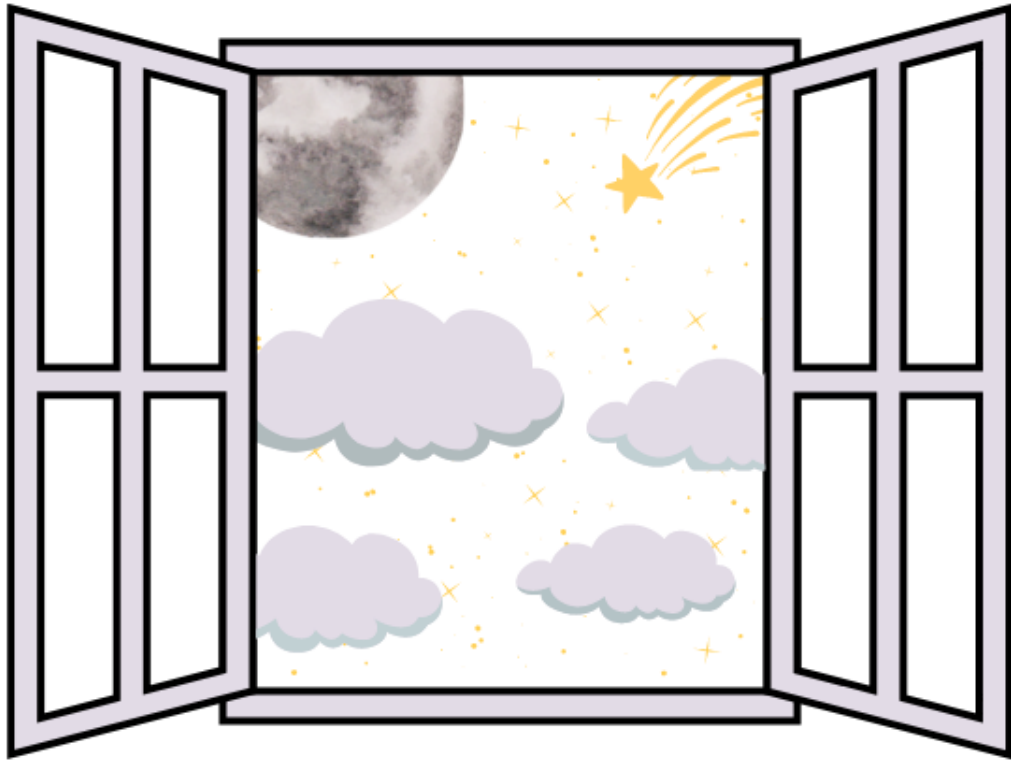


PEACEFUL ZZZS













S L E E P P R O G R A M

Sleep Toolkit ^{...zzzz}

Select

Read through the recommended sleep strategies below and put a check mark next to 3-5 strategies you want to try during the next two weeks.

- Keep the bedroom between 60 - 70 degrees F 
- Avoid caffeine 4-6 hours before bedtime 
- Maintain a consistent sleep and rise time 
- Avoid taking long naps late in the afternoon 
- Unplug from your electronics 30 minutes before bedtime 
- Hydrate more throughout the day 
- Exercise daily 
- Get at least 30 mins of sunlight every day 
- Use bed for sleep and intimacy only 
- Complete a relaxing activity 30 mins before bedtime (reading, meditating, coloring, breathing activities, etc.) 
- Avoid alcohol 4 hours before bedtime 
- Avoid nicotine 30-45 mins before bedtime 
- Avoid heavy meals before bedtime 



Plan

Plan how you will implement your selected sleep strategies by filling out the form below.

Describe your current sleep routine.

What factors do you think keep you from getting a good night's sleep?

What resources are currently available to help you maintain healthy sleep habits (e.g., information, family)?

What do you think your life would be like if you got enough sleep?

Record

Week 1

Use this page to track your sleep behaviors for week 1. Refer to this page occasionally to reflect on how your lifestyle changes are affecting your sleep quality and quantity.

Sleep Night	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Sleep Strategies Used							
Time You Went to Bed							
Did you have trouble falling asleep?							
Was your sleep interrupted?							
Rise Time							
Total Hours Slept (excluding naps)							
Sleep Quality (1= poor, 5 = excellent)	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆

Reflect

Use this page to jot down your experiences throughout the week. Think about your mood, which selected strategies worked best, and which ones didn't work well for your lifestyle. What daytime activities did you participate in (drink more water, exercise, spend time outside, etc.)?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Record

Week 2

Use this page to track your sleep behaviors for week 2. Refer to this page occasionally to reflect on how your lifestyle changes are affecting your sleep quality and quantity.

Sleep Night	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Sleep Strategies Used							
Time You Went to Bed							
Did you have trouble falling asleep?							
Was your sleep interrupted?							
Rise Time							
Total Hours Slept (excluding naps)							
Sleep Quality (1= poor, 5 = excellent)	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆

Reflect

Use this page to jot down your experiences throughout the week. Think about your mood, which selected strategies worked best, and which ones didn't work well for your lifestyle. What daytime activities did you participate in (drink more water, exercise, spend time outside, etc.)?

Monday

Tuesday

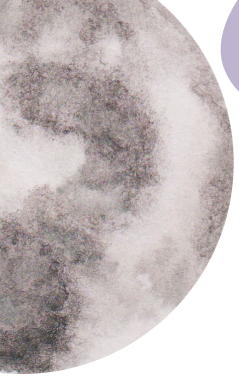
Wednesday

Thursday

Friday

Saturday

Sunday



Did you know?

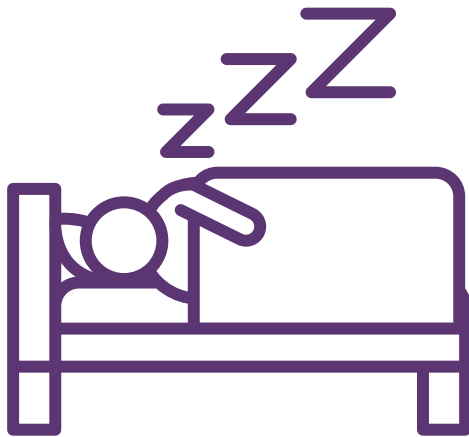
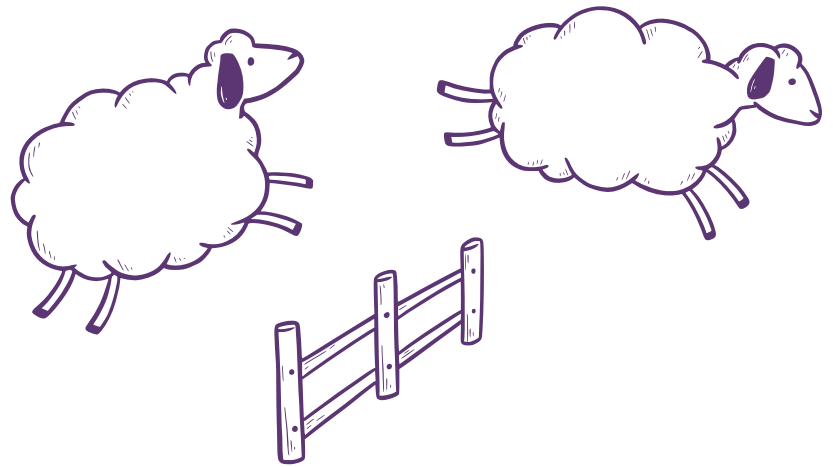


Learn how sleep affects you and other US adults.

About 35% of all U.S. adults report sleeping for less than 7 hours every night on average

We spend about 2 hours every night dreaming

Body temperature lowers by 1-2 degrees F during sleep



Poor sleep is linked to high blood pressure, diabetes, depression, and obesity

Around 57% of men and 40% of women in the U.S. snore

Learn More:



Chronic insomnia affects between 10% and 30% of adults

<https://linktr.ee/PeacefulZZZs>

Relax

Relax with these printable coloring pages before bedtime. Visit [crayola.com](https://www.crayola.com) for more free coloring pages.





SUNFLOWER

