## Sleep Checklist

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Do you avoid caffeine 4 - 6 hours before bedtime?</td>
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<tr>
<td>Recommendation:</td>
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<td>Do you avoid nicotine before bedtime?</td>
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<td>Recommendation:</td>
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<td>Do you avoid alcohol after dinner?</td>
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<td>Recommendation:</td>
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<td>Do you avoid vigorous exercise within 2 hours of bedtime?</td>
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<td>Recommendation:</td>
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<tr>
<td>Do you have a “wind-down” ritual at least an hour before bed?</td>
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<td>Recommendation:</td>
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<td>Do you nap during the day?</td>
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<td>Recommendation:</td>
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<tr>
<td>Is your bedroom comfortable (good temperature, quiet, and dark)?</td>
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<td>Recommendation:</td>
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<td>Do you wake-up at about the same time each morning?</td>
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<td>Recommendation:</td>
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<tr>
<td>Do you go to bed only when you are sleepy?</td>
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<td>Recommendation:</td>
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<tr>
<td>If you wake in the middle of the night or early morning, do you lie in bed for more than 15-20 minutes?</td>
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<td>Recommendation:</td>
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<td>Do you watch TV, listen to the radio, eat, or read in your bedroom?</td>
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Facts about Sleep

Prevalence of Insomnia
Insomnia is a widespread problem affecting essentially everyone at one period in their lifetime. It is perhaps the most frequent health complaint after pain. A Gallup survey conducted in 1991 found that 36% of Americans suffer from some type of sleep problem, with 27% reporting occasional insomnia and 9% reporting chronic insomnia. Surveys of physicians indicate that 19% of medical outpatients complain of insomnia.

Factors Which Make You Vulnerable to Insomnia
- Increased Physiological Arousal
- Worrisome Thinking Style
- Models of Poor Sleep Habits
- Anxiety
- Aging
- Depression

Factors Which May Initially Cause Insomnia
- Acute Stress
- Personal Loss (e.g., death, divorce separation)
- Family Conflict
- Work Problems
- Jet Lag
- Medical Problems
- Hospital Stay
- Chronic Low-level Stress
- Changes in Schedules (work, etc.)
- Pain

Factors Which Maintain Insomnia
- Poor Sleep Habits
- Extreme Worry or Concern about Getting to Sleep
- Sleeping Pills
- Medications
- Irregular Sleep Schedule
- Daytime Napping
- Anxious Thinking
- Excessive Time Spent in Bed when Not Sleeping
- Activity that “Keys-up” the Body Before Bed
- Misinformation about the Effects of Sleep Problems
- Misinformation about “Normal” Sleep

Aging and Sleep
As individuals age, they often have more interrupted sleep. Instead of having one consolidated sleep period at night, they may sleep in two to four sleep episodes. As we age, total time in bed increases, but total sleep time decreases. Generally, as people grow older, there is an increase in light sleep and a decrease in deep sleep. However, aging alone does not account for all the sleep problems seniors experience and behavioral insomnia treatment has been found to be effective for seniors.

Alcohol and Sleep
Although alcohol may help you to go to sleep faster, alcohol actually causes sleep to be less deep and more fragmented.
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Sleep Needs
Sleep needs vary considerably among individuals. Sleep needs range from 3 to 10 hours of sleep. Some people may get by on 4-5 hours, others feel good after 9 hours. Each individual’s sleep needs varies somewhat day-to-day; some days 6 hours will be okay while other days 8 hours will be optimal.

Health Consequences
There is no evidence that anyone has died from lack of sleep. Excessive worrying about insomnia may be more detrimental to health than sleep loss itself.

Daytime Consequences
Scientists have found that performance impairments as a result of poor sleep are fairly limited as long as you get from 4-5 hours of sleep on most nights. Excessive worrying or concern about insomnia appears to have more affect on our functioning than sleep loss itself.

Resting; Is it Better than Nothing?
Actually, staying in bed to rest when you are not sleeping can make an insomnia problem worse. When you stay in bed awake for too long, you begin to associate your sleep surroundings with frustration and arousal rather than sleep. The harder you try to sleep, the less likely you are to succeed.

Behavioral Treatment for Insomnia
Behavioral procedures for insomnia have been extensively tested throughout the world and have been shown to be effective with other patients suffering insomnia problems. About 75% of chronic insomniacs benefit from this intervention, with an average improvement rate of 50-60% in the reduction time it takes to fall asleep and/or time awake after going to sleep. Following the highly structured guidelines requires time, patience, and effort. To achieve your goals of falling asleep quickly at bedtime and of reducing the time spent awake in the middle of the night, it is important that you follow all the guidelines. You cannot choose only those that seem least painful.

It is likely that in about 4 weeks you will experience substantial improvement in your sleep. However, it sometimes takes 2-3 weeks to start noticing improvement. Therefore, it is important guard against discouragement in the early stages of treatment. Further, during the first week of practice some people report that they feel worse. It is only after about three to four weeks of consistent practice that people start to experience significant benefits. The benefits of these highly effective procedures are related to how closely and consistently one follows the guidelines.

For the first few nights you may be getting up many times before you fall asleep. You are likely to be sleepy the next day. You may become discouraged and even think about discontinuing behavioral treatment. You will think of many reasons why you can’t or shouldn’t follow the
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guidelines. Remind yourself that for most individuals the worsening of sleep is only temporary and is the path to a future of better sleep. You will see gradual and long-term improvement in your sleep. People tell us that regaining control of their sleep was definitely worth the temporary disruption caused by following the guidelines. So, don’t talk yourself out of gaining control of your sleep!

Sleep Guidelines

Good dental hygiene is important in determining the health of your teeth and gums. We all know we are supposed to brush and floss regularly. Those who do so are more likely to have strong, healthy gums and fewer cavities. Similarly good sleep hygiene is important in determining the quality and quantity of your sleep. Below are guidelines for good sleep hygiene practices. Review these guidelines and evaluate how well you practice good sleep hygiene.

Caffeine: Avoid Caffeine 6-8 Hours Before Bedtime
Caffeine disturbs sleep, even in people who do not think they experience a stimulation effect. Individuals with insomnia are often more sensitive to mild stimulants than are normal sleepers. Caffeine is found in items such as coffee, tea, soda, chocolate, and many over-the-counter medications (e.g., Excedrin). Thus, drinking caffeinated beverages should be avoided near bedtime and during the night. You might consider a trial period of no caffeine if you tend to be sensitive to its effects.

Nicotine: Avoid Nicotine Before Bedtime
Although some smokers claim that smoking helps them relax, but nicotine is a stimulant. The initial relaxing effects occur with the initial entry of the nicotine, but as the nicotine builds in the system it produces an effect similar to caffeine. Thus, smoking, dipping, or chewing tobacco should be avoided near bedtime and during the night. Don’t smoke to get yourself back to sleep.

Alcohol: Avoid Alcohol After Dinner
Alcohol often promotes the onset of sleep, but as alcohol is metabolized sleep becomes disturbed and fragmented. Thus, alcohol is a poor sleep aid and will lead to less restful sleep.

Sleeping Pills: Sleep Medications are Effective Only Temporarily
Scientists have shown that sleep medications lose their effectiveness in about 2 - 4 weeks when taken regularly. Despite advertisements to the contrary, over-the-counter sleeping aids have little impact on sleep beyond the placebo effect. Over time, sleeping pills actually can make sleep problems worse. When sleeping pills have been used for a long period, withdrawal from the medication can lead to an insomnia rebound. Thus, after long-term use, many individuals incorrectly conclude that they “need” sleeping pills in order to sleep normally. Keep use of sleep pills infrequent, but don’t worry if you need to use one on an occasional basis.
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**Regular Exercise**
Get regular exercise, preferably 30 minutes each day of an activity that causes sweating. Exercise in the late afternoon or early evening seems to aid sleep, although the positive effect often takes several weeks to become noticeable. Exercising occasionally is not likely to improve sleep, and exercise within 2 hours of bedtime is likely to interfere with sleep onset.

**Bedroom Environment: Moderate Temperature, Quiet, and Dark**
Extremes of heat or cold can disrupt sleep. A quiet environment is more sleep promoting than a noisy one. Noises can be masked with background white noise (such as the noise of a fan) or with earplugs. Bedrooms may be darkened with black-out shades or sleep masks can be worn. Position clocks out-of-sight since clock-watching can increase worry about the effects of lack of sleep. Be sure your mattress is not too soft or too firm and that your pillow is the right height and firmness.

**Eating**
A light bedtime snack, such a glass of warm milk, cheese, or a bowl of cereal can promote sleep. You should avoid the following foods at bedtime: any caffeinated foods (e.g., chocolate), peanuts, beans, most raw fruits and vegetables (since they may cause gas), and high-fat foods such as potato chips or corn chips. Avoid snacks in the middle of the nights since awakening may become associated with hunger.

If you have trouble with regurgitation, be especially careful to avoid heavy meals and spices in the evening. Do not go to bed too hungry or too full. It may help to elevate you head with some pillows.

**Avoid Naps**
Avoid naps, the sleep you obtain during the day takes away from you sleep need that night resulting in lighter, more restless sleep, difficulty falling asleep or early morning awakening. If you must nap, keep it brief, and try to schedule it before 3:00 pm. It is best to set an alarm to be sure you don’t sleep more than 15-30 minutes.

**Allow Yourself At Least an Hour before Bedtime to Unwind**
The brain is not a light switch that you can instantly cut on and off. Most of us cannot expect to go full speed till 10:00 pm then fall peacefully to sleep at 10:30 pm. Take a hot bath, read a novel, watch some TV, or have a pleasant talk with your spouse or kids. Find what works for you. Be sure not to struggle with a problem, get into an argument before bed or anything else that might increase your body’s arousal.

**Set A Reasonable Arising Time and Stick to Them**
Spending excessive time in bed has two unfortunate consequences - (1) you begin to associate your bedroom with arousal and frustration and (2) your sleep actually becomes shallower. Surprisingly, it is very important that you cut down your sleep time in order to improve sleep! Set the alarm clock and get out of bed at the same time each morning, weekdays and weekends, regardless of your bedtime or the amount of sleep you obtained on the previous
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night. Keeping a regular awaking time helps set your circadian rhythm set so that your body learns to sleep at the desired time. You probably will be tempted to stay in bed in the morning if you did not sleep well, but try to maintain your new schedule. This guideline is designed to regulate your internal biological clock and reset your sleep-wake rhythm.

Go To Bed Only When You Are Sleepy
There is no reason to go to bed if you are not sleepy. When you go to bed too early, it only gives you more time to become frustrated. Individuals often ponder the events of the day, plan the next day’s schedule, or worry about their inability to fall to sleep. These behaviors are incompatible with sleep, and tend to perpetuate insomnia. You should therefore delay your bedtime until you are sleepy. Sleepiness is different from feeling tired. Examples of sleepiness include yawning, head bobbing, eyes closing, and concentration decreasing. This may mean that you go to bed later than your scheduled bedtime. Remember to stick to your scheduled arising time regardless of the time you go to bed.

Get Out of Bed When You Can’t Fall Asleep or Go Back to Sleep in about 15 Minutes. Return to Bed Only When You Are Sleepy. Repeat This Step as Often as Necessary.
Although we don’t want you to be a clock watcher, get out of bed if you don’t fall to sleep fairly soon. Remember, the goal is for you to fall to sleep quickly in your bed. Return to bed only when you are sleepy. The object is for you to reconnect your bed with sleeping rather than frustration. It will be demanding to follow this instruction, but many people from all walks of life have found ways to adhere to this guideline.

Use the Bed or Bedroom for Sleep and Sex Only; Do Not Watch TV, Listen to The Radio, Eat, or Read in Your Bedroom.
The purpose of this guideline is to associate your bedroom with sleep rather than wakefulness. Just as you may associate the kitchen with hunger, this guideline will help you associate sleep with your bedroom. Follow this rule both during the day and at night. You may have to temporarily move the TV or radio from your bedroom to help you while you work to improve insomnia.

It will take time for your sleep to improve once you begin your sleep change plan.

Are 1-2 months of work worth a lifetime of good sleep?

Sticking To the Guidelines
It can be difficult to stick to a self-management program. However, it is important to remind yourself that the sleep guidelines have been extensively researched and represent the best science has to offer for conquering a long-term insomnia problem. Literally, thousands of individuals have improved their sleep through following the guidelines. The following points may help you to stick to the guidelines.
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Find activities to engage in when out of bed during the night.
Plan activities to engage in when you are not in bed at night because you can’t fall asleep. These activities should be non-stimulating.

Prepare any materials needed to get out of bed (e.g., robe, book, etc.) ready prior to bedtime.

Identify cues to determine sleepiness and time to return to bed.
Examples of “Sleepy Behavior” include yawning, heavy eyelids, nodding off, etc.

Remember that the longer you stay up and the sleepier you are, the quicker you will fall to sleep.

Use alarm clock to maintain regular arising time.
You may also want to plan social, work or family commitments soon after waking to increase motivation to adhere to arising time.

Find competing activities to fight the urge to take a nap before your bedtime.
These activities should be physical (e.g., housework, walking) rather than cognitive (e.g., reading) or passive (e.g., watching TV).

Examples include: taking a walk, having someone visit in the evening, talking on the phone to a friend, working a puzzle, drawing, etc.

Secure support from your spouse/significant others.
Typically your bed partner will be deeply asleep and will not notice you getting out of bed.

Have friends/family members help you adhere to the sleep guidelines. For example, a family member could play a game with you to help you stay awake until bedtime.

Remember the time-limited nature of following these procedures.
It usually takes 2-3 months for a sleep problem to get totally better but most people see improvements within 2-3 weeks if they consistently follow the guidelines. Isn’t sticking to the guidelines for this short period worth it if your sleep ultimately improves?