

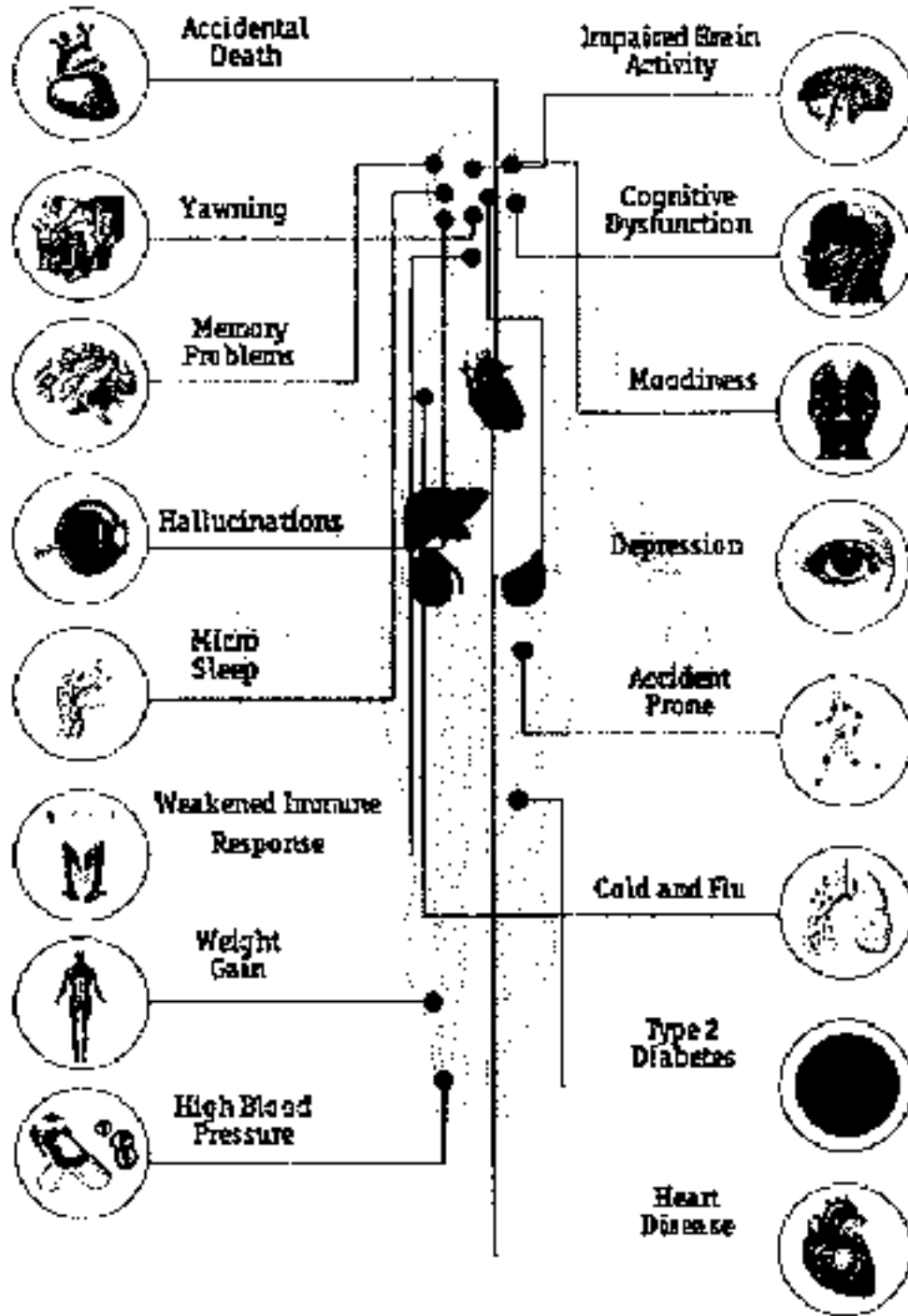
Improving your Sleep

Sleep Self-Assessment Checklist

Place a check by the statements that are characteristic of your sleep patterns.

1. Getting 8 hours of sleep 5 nights or more per week rarely happens for me. _____
2. When attempting to perform well *academically*, sleep is not a priority. _____
3. When attempting to perform well *physically/athletically*, sleep is not a priority. _____
4. I am unaware of *what* I eat and how this impacts my sleep. _____
5. I am unaware of *when* I eat and how this impacts my sleep. _____
6. I am unaware of *what* I drink (caffeine, alcohol) and how this impacts my sleep. _____
7. I am unaware of *when* I drink (caffeine, alcohol) and how this impacts my sleep. _____
8. I tend to nap regularly, 4 or more days per week. _____
9. When napping, I typically nap for more than 30 minutes. _____
10. I regularly have trouble falling asleep. _____
11. I regularly have trouble staying asleep. _____
12. I regularly have trouble getting up in the morning. _____
13. I lack a routine or ritual that I regularly use to help me prepare for sleep _____
14. I rarely see a connection between my sleep and my relationship happiness. _____
15. I am unsure at what times during the day I am likely to get drowsy or doze off. _____
16. My sleep space is filled with stimulants (TV, cell phone, computer, bright lights) _____
17. I rarely see a connection between sleep and prescribed or OTC medication. _____
18. Time with friends, parties, and/or peer pressure frequently cut into my sleep. _____

NEGATIVE EFFECTS OF SLEEP DEPRIVATION



Positive Effects of Quality Sleep

Academic/Career	Physical Performance
Increased Decision-Making	Increased Alertness
Heightened Concentration	Greater Reaction Time
Increased Memory Formation	Greater Motor Coordination
Increased Perception	Increased Immune System Function
Capacity for Abstract Thinking	Greater bone, muscle, & tissue repair

Emotional/Psychological	Relationships/Dating
Greater Resistance to Panic Attacks	Increased Sexual Capacity
Greater Resistance to Depression	Higher Desire to be Active
Less Anger/Irritability	Improved Relational Decision-Making
Improved Stress-Management	Increased Positive Communication
Improved Overall Mood Stability	Overall Relationship Satisfaction

Establishing a Sleep Ritual

A sleep ritual is a routine that helps your mind and body wind down in preparation for a good night's sleep. A vital aspect is individually tailoring a sleep ritual that truly helps you relax and feel naturally ready for sleep. Here are key factors to establishing an effective sleep ritual

Factors Enhancing Quality Sleep	Factors Combating Quality Sleep
Regularity of Bed Time and Wake Time	Eating 1-2 hours before bed
Relaxation Routine (hot bath, reading, music)	Caffeine/Stimulants Close to Bedtime
Sleep Conducive Environment (dark, quiet, cool)	Nicotine Close to Bedtime
Comfort (mattress, pillow, blanket)	Alcohol Usage Close to Bedtime
Regular Exercise (finish well before bedtime)	Frequent and Long Naps, Relaxing in Bed
Belief in Importance of Good Sleep	Computer, Cell Phone, TV, Roommate(s)

Mindful of the factors above, create a sleep ritual that is tailored to your environment, your schedule, and the factors that help you naturally fall asleep.

Keeping a Sleep Diary (National Sleep Foundation 2004)

A sleep diary can help you evaluate your sleep over time. Charting sleep patterns help you see the role of timing, bodily intake, and mood on quality and quantity of sleep.

Levels of Sleepiness Table

In the following table below, rate your level of sleepiness using the following scale:

0 = Wide Awake 1 = Awake 2 = Drowsy 3 = Sleepy 4 = Falling Asleep

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning 6am-12pm							
Afternoon 12pm-6pm							
Evening 6pm-12am							
Night 12am-6am							

Difficulty Staying Awake Table

In the following table below, rate your difficulty staying awake using the following scale:

0 = Not at all 1 = Occasional 2 = Sometimes 3 = Most of the Time 4 = All of the Time

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
I fought off/ignored a need to sleep							
I dozed off/ignored a need to sleep							
I needed caffeine or a stimulant to stay awake							

Sleep Quantity

In the table below, record the total amount of sleep you are getting:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours/Minutes Sleeping							
Hours/Minutes Napping							
Total							

What patterns do you notice in your sleep?
