

## Sleep Worksheet

Directions: Check the treatments you have tried already; rate them from -5 (made me much worse) through 0 (no effect) to +5 (very helpful); and check those treatments you want to try in the future. Using your answers, choose one or two areas to work on.

	Tried Y/N	Rating -5/+5	Use in Future
<b>Sleep Hygiene</b>			
Control sleep environment: mattress, light, noise			
Use a going to bed routine			
Limit TV & computer before bedtime			
Use relaxation			
Use distraction			
Get up if can't sleep & do quiet activity			
Use a "worry time"			
Don't look at clock			
Use reassuring self-talk			
Get up at consistent time			
Use pacing to avoid "tired but wired" feeling			
Limit daytime napping			
Avoid caffeine, alcohol & tobacco			
<b>Medications</b>			
Try drugs to aid sleep			
Check medications for negative effects on sleep			
<b>Sleep Disorders</b>			
Get checked for sleep disorders			
Treat apnea & restless legs syndrome			