



LOOKING BACK: A Self-Reflection

Sleep Worksheet

YOUR SLEEP HABITS

1. When do you usually go to sleep?
2. When do you usually wake up?
3. Do you have a bedtime routine? If so, what is it?
4. Do you worry at night?
5. Do you smoke?
6. In bed at night you (check all that apply):
 - a. Eat
 - b. Talk on the phone
 - c. Watch television
 - d. Listen to music
 - e. Drink one or more glasses of water
7. At night your bedroom is (check all that apply):
 - a. Dark
 - b. Quiet
 - c. Noisy
 - d. Bright
8. Days I sleep in (circle): M T W Th F Sa Su
9. Days I drink alcohol within 6 hours of bedtime (circle): M T W Th F Sa Su
10. Days I drink caffeine within 6 hours of bedtime (circle): M T W Th F Sa Su
11. Days I exercise (circle): M T W Th F Sa Su
12. Days I nap (circle): M T W Th F Sa Su
13. List other things that may affect your sleep:
 - a. _____
 - b. _____
 - c. _____
 - d. _____

