



MOVING AHEAD: The Challenge

Sleep Worksheet

YOUR SLEEP RESOLUTIONS

1. When do you plan to go to bed each night?
2. When do you plan to wake up each morning?
3. How many hours do you plan to sleep each night?
4. Which days do you plan to sleep in?
5. How will you plan or change your bedtime routine to encourage a healthy night's sleep? What activities can you avoid? What things can you do to promote a healthy night's sleep?
6. How will you schedule "worry time" into your day to ensure it does not interfere with your sleep?
7. What plans do you want to make about the use of caffeine, alcohol, or nicotine within 6 hours of bedtime?
8. What plans do you want to make regarding exercise? Do you plan on exercising during the day or at night? If at night, do you plan to exercise at least a few hours before bedtime?
9. How will you adjust your napping habits to ensure they do not interfere with your sleep?
10. List any other sleep resolutions:
 - a. _____
 - b. _____
 - c. _____
 - d. _____

