

Sleep Hygiene

SELF-ASSESSMENT TOOL

Instructions:

Below you will find a list of statements. Please select how true each statement is for you. Try not to over think your answer, often it is best to go with your first response.

		Never/ NA	Rarely	Sometimes	Frequently	Always
1	I have a consistent wake-up time every day of the week.	0	1	2	3	4
2	I have a consistent bedtime every day of the week.	0	1	2	3	4
3	I only use the bedroom for sleep and sex.	0	1	2	3	4
4	I resolve dilemmas with my sleeping partner outside of the bedroom.	0	1	2	3	4
5	I have a good bedtime routine.	0	1	2	3	4
6	I have a quiet, dark and comfortable sleep environment.	0	1	2	3	4
7	I avoid screens at least half an hour before sleep.	0	1	2	3	4
8	I avoid consuming caffeine within four hours of bedtime	0	1	2	3	4
9	I avoid using alcohol to help me sleep.	0	1	2	3	4
10	I don't take medication to help me sleep	0	1	2	3	4
11	I have a technique to help me go back to sleep if I wake during the night.	0	1	2	3	4
12	If I nap during the day it is for less than 30 minutes.	0	1	2	3	4
13	I get 7-10 hours sleep per night.	0	1	2	3	4
14	I do my thinking and planning before I go to sleep.	0	1	2	3	4
15	I sleep right through the night without waking.	0	1	2	3	4
16	I wake at the same time every morning.	0	1	2	3	4