

Sleep Hygiene Checklist - Youth Version

(Please note all Sleep Hygiene Checklists completed on paper must be entered online.)

Client Name: _____ Date: _____

There are many different actions you can take to improve your sleep hygiene. You may be doing some of these actions already! Please mark what actions you currently take, then choose at least two new actions you would like to try this week.

Actions I currently take:	Actions I would like to try this week:
<input type="checkbox"/> Exercise at least 20-30 minutes each day	<input type="checkbox"/> Exercise at least 20-30 minutes each day
<input type="checkbox"/> Avoid exercising in the three hours before bed	<input type="checkbox"/> Avoid exercising in the three hours before bed
<input type="checkbox"/> Avoid naps	<input type="checkbox"/> Avoid naps
<input type="checkbox"/> Go to bed and wake up at the same time each day including weekends	<input type="checkbox"/> Go to bed and wake up at the same time each day including weekends
Keep my bedroom: <input type="checkbox"/> Dark <input type="checkbox"/> Cool <input type="checkbox"/> Quiet	Keep my bedroom: <input type="checkbox"/> Dark <input type="checkbox"/> Cool <input type="checkbox"/> Quiet
<input type="checkbox"/> Get sunshine in the morning	<input type="checkbox"/> Get sunshine in the morning
<input type="checkbox"/> Charge my devices outside my bedroom	<input type="checkbox"/> Charge my devices outside my bedroom
<input type="checkbox"/> Use my devices outside my bedroom	<input type="checkbox"/> Use my devices outside my bedroom
<input type="checkbox"/> Use my bed only for sleeping	<input type="checkbox"/> Use my bed only for sleeping
<input type="checkbox"/> Stop using devices and watching TV at least one hour before I go to bed	<input type="checkbox"/> Stop using devices and watching TV at least one hour before I go to bed
<input type="checkbox"/> Avoid caffeine in the afternoon and evening	<input type="checkbox"/> Avoid caffeine in the afternoon and evening
<input type="checkbox"/> Do relaxing non-screen activities before bed such as reading, taking a shower / bath, listening to or playing music	<input type="checkbox"/> Do relaxing non-screen activities before bed such as reading, taking a shower / bath, listening to or playing music
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____