





Name: \_\_\_\_\_

Date: \_\_\_\_\_

|  <b>PM</b>          |  <b>Notes</b> |
|---|---|
| <input type="checkbox"/> Go to bed at the same time each night                                      |   |
| <input type="checkbox"/> Budget 30 minutes for wind-down time                                       |   |
| <input type="checkbox"/> Allot time for personal hygiene (e.g. brushing teeth, skincare)            |   |
| <input type="checkbox"/> Dim the lights   |   |
| <input type="checkbox"/> Unplug from electronics 30-60 minutes before bed                           |   |
| <input type="checkbox"/> Use a relaxation technique (e.g. meditation, paced breathing, mindfulness) |   |
| <input type="checkbox"/> Avoid liquids or heavy foods before bed                                    |   |

|  <b>AM</b>   |  <b>Notes</b> |
|--|---|
| <input type="checkbox"/> Wake up at the same time each morning                                 |   |
| <input type="checkbox"/> Allow 2 hours to be fully awake                                       |   |
| <input type="checkbox"/> Allot time for personal hygiene (e.g. brushing teeth, skincare)       |   |
| <input type="checkbox"/> Get daylight exposure   |   |
| <input type="checkbox"/> Be physically active (e.g. try for 30/minutes/day)                    |   |
| <input type="checkbox"/> Avoid caffeine after 2:00 pm  |   |
| <input type="checkbox"/> Try not to nap; if needed, limit to 30 minutes in the early afternoon |   |