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Sleep Hygiene & Better Sleep

A practical checklist, CBT-I basics, and a one-week sleep diary

Sleep affects everything we treat: attention, mood, anxiety, and emotional steadiness. Many psychiatric symptoms improve — sometimes dramatically — once sleep is repaired. This handout gives you the core habits of good sleep plus the basics of CBT-I, the most effective non-medication treatment for insomnia.

The Sleep Hygiene Checklist

Check off what you already do. Add one or two new habits at a time.

Schedule — the anchor habit

- ☐ **Same wake time every day** — including weekends. This is the single most powerful habit. Your bedtime will adjust on its own.
- ☐ Go to bed only when sleepy, not just because it is "bedtime."
- ☐ Avoid naps; if you must nap, keep it under 30 minutes and before 3 PM.

Light

- ☐ Get bright light (ideally daylight) within an hour of waking — it sets your body clock.
- ☐ Dim lights in the evening; avoid bright overhead light for the last hour before bed.
- ☐ Keep the bedroom dark (blackout curtains or a sleep mask help).

Caffeine, alcohol, nicotine

- ☐ No caffeine after noon (coffee, tea, energy drinks, some sodas, chocolate). Caffeine lasts 6–8+ hours in the body.
- ☐ **Alcohol is not a sleep aid.** It may knock you out, but it fragments sleep and causes 2–4 AM awakenings.
- ☐ Avoid nicotine near bedtime — it is a stimulant.
- ☐ Finish heavy meals 2–3 hours before bed; a light snack is fine.

Screens and stimulation

- ☐ Put work, news, and arguments away at least an hour before bed.
- ☐ Keep the phone out of the bedroom (use an alarm clock) or at least on Do Not Disturb, face down, across the room.
- ☐ If you scroll in bed, set a hard stop time — the feed is designed to keep you awake.

Bedroom

- ☐ Cool (around 65–68°F), dark, and quiet — or use white noise to mask sound.
- ☐ Comfortable mattress and pillows; the bed is for sleep (and intimacy) only — no working, scrolling, or TV in bed.

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Wind-down (last 30–60 minutes)

- ☐ Follow the same calming routine nightly: shower, stretch, read something light, breathing exercises.
- ☐ Write tomorrow's to-do list and put it outside the bedroom — get it out of your head.
- ☐ If your mind races, try slow breathing: in for 4 counts, out for 6, for several minutes.

CBT-I Basics: Retraining Your Sleep

Cognitive-behavioral therapy for insomnia (CBT-I) works as well as sleep medication for many people, with longer-lasting results. Its two core techniques:

1. Stimulus control — rebuild the bed = sleep connection

- Use the bed only for sleep (and intimacy). No reading, scrolling, or worrying in bed.
- If you are awake for about **20 minutes** (do not clock-watch; estimate), get up, go to another dim room, and do something calm and boring until sleepy — then return to bed.
- Repeat as needed. The first nights are the hardest; the association rebuilds within days.

2. Sleep restriction — consolidate your sleep

- Temporarily limit time in bed to match the amount you actually sleep. Example: if you sleep about 6 hours but spend 9 in bed tossing, set a 6.5-hour sleep window (e.g., 11:30 PM–6:00 AM) — keeping the **wake time fixed**.
- This builds healthy sleep pressure, so you fall asleep faster and wake less. As sleep consolidates, the window is gradually widened.
- Expect mild daytime tiredness for the first few days — avoid driving drowsy. **Do this with guidance from your provider,** especially if you have bipolar disorder, seizures, or work in a safety-sensitive job.

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One-Week Sleep Diary

Fill this in each morning for 7 days and bring it to your visit. It shows patterns you cannot see from memory alone.

Each morning, record:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Bedtime (lights out)							
Minutes to fall asleep							
Number of awakenings							
Total awake time at night (min)							
Final wake time							
Time out of bed							
Sleep quality (1–5)							
Naps (when / how long)							
Caffeine after noon? (Y/N)							
Alcohol in evening? (Y/N, how much)							
Screens in last hour? (Y/N)							

About Sleep Medications

Sleep medications (prescription or over-the-counter) can help short-term but do not fix the habits driving insomnia, and many lose effectiveness or cause dependence with nightly use. Antihistamine sleep aids (like diphenhydramine) can cause next-day grogginess, dry mouth, and confusion — especially in older adults. If you use any sleep aid regularly, tell your prescriber so it can be factored into your plan. The habits above are the long-term fix.

> **When to talk to your provider about sleep:** loud snoring with gasping or pauses (possible sleep apnea), legs that feel creepy-crawly at night (possible restless legs), acting out dreams, or insomnia lasting more than a few weeks despite these habits. Some sleep problems need medical evaluation, not just better habits.

Please read: This handout is for education only and is not medical advice. Do not start, stop, or change any medication without talking to your prescriber. If you are in crisis, call or text **988** (Suicide and Crisis Lifeline) or text **HOME** to **741741**.

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