

Information from your Patient Aligned Care Team

Sleep Enhancement

Results of insomnia	What leads to insomnia?	What maintains insomnia?
<ul style="list-style-type: none"> • Physiological arousal • Worrisome thinking • Anxiety • Depression • Family conflict • Work problems • Loss of motivation 	<ul style="list-style-type: none"> • Acute stress • Personal loss (death, separation, divorce, etc) • Medical problems • Work problems • Family problems • Irregular sleep schedule 	<ul style="list-style-type: none"> • Incorrect sleeping habits • Inaccurate thoughts about sleep • Sleeping pills • Myths about duration of sleep • Daytime napping • Excess time in bed • Performance anxiety • Medications for health problems

Change your sleep behavior to improve sleep (Stimulus Control)

❖ **Go To Bed Only When You Are Sleepy**

There is no reason to go to bed if you are not sleepy. When you go to bed too early, it only gives you more time to become frustrated. Individuals often ponder the events of the day, plan the next day’s schedule, or worry about their inability to fall to sleep. These behaviors are incompatible with sleep, and tend to perpetuate insomnia. You should therefore delay your bedtime until you are sleepy. This may mean that you go to bed later than your scheduled bedtime. However, stick to your scheduled rising time **regardless** of the time you go to bed.

❖ **Get Out Of Bed When You Can’t Fall Asleep or Cannot Go Back To Sleep In 15 Min**

When you recognize that you’ve become a clockwatcher, get out of bed. If you wake up during your sleep and you’ve tried falling back to sleep for 15 minutes and can’t, get out of bed. Remember, the goal is to fall to sleep quickly. Return to bed **only** when you are sleepy (i.e.,

yawning, head bobbing, eyes closing, concentration decreasing). The goal is for you to reconnect your bed with sleeping rather than frustration. You will have to repeat this step as often as necessary.

❖ **Use Your Bed Or Bedroom For Sleep And Sex Only**

The purpose of this guideline is to associate your bedroom with sleep rather than wakefulness. Just as you may associate the kitchen with hunger, this guideline will help you associate sleep and pleasure with your bedroom. Follow this rule both during the day and at night. **DO NOT** watch t.v., listen to the radio, eat or read in bed. You may have to temporarily move the t.v. or radio from your bedroom to help you regain a stable sleep cycle.

Sleep Hygiene Guidelines to Improve your Sleep Behavior

- 1. NO CAFFEINE:** No caffeine 6-8 hours before bedtime
Yep, its true caffeine disturbs sleep; even for people who do not think they experience a stimulation effect. Individuals with insomnia are often more sensitive to mild stimulants than normal sleepers. Caffeine is found in items such as coffee, tea, soda, chocolate, and many over-the-counter medications (e.g., Excedrin).
- 2. AVOID NICOTINE:** Avoid nicotine before bedtime
Nicotine is a stimulant. It is a myth that smoking helps you “relax.” As nicotine builds in the system it produces an effect similar to caffeine. **DO NOT** smoke to get yourself back to sleep.
- 3. AVOID ALCOHOL:** Avoid alcohol after dinner
Alcohol often promotes the onset of sleep, but as alcohol is metabolized sleep becomes disturbed and fragmented. Thus, a large amount of alcohol is a poor sleep aid and should not be used as such. Limit alcohol use to small quantities to moderate quantities.
- 4. NO SLEEPING PILLS:** Sleep medications are effective only temporarily
Scientists have shown that sleep medications lose their effectiveness in about 2 - 4 weeks when taken regularly. Over time, sleeping pills actually make sleep problems worse. When sleeping pills have been used for a long period, withdrawal from the medication can lead to an insomnia rebound. Thus, after long-term use, many individuals incorrectly conclude that they “need” sleeping pills in order to sleep normally.
- 5. REGULAR EXERCISE:** Preferably 40 minutes each day
Exercise in the late afternoon or early evening can aid sleep, although the positive effect often takes several weeks to become noticeable. Do not exercise within 2 hours of bedtime because it may elevate your nervous system activity and interfere with falling asleep.
- 6. BEDROOM ENVIRONMENT:** Moderate temperature, quiet, dark and comfortable
Extremes of heat or cold can disrupt sleep. Noises can be masked with background white noise (such as the noise of a fan) or with earplugs. Bedrooms may be darkened with black-out shades or sleep masks can be worn. Position clocks out-of-sight since clock-watching can

increase worry about the effects of lack of sleep. Be sure your mattress is not too soft or too firm and that your pillow is the right height and firmness.

7. **EATING**

You should avoid the following foods at bedtime: anything caffeinated like chocolate, peanuts, beans, most raw fruits and vegetables (they may cause gas), and high-fat foods such as potato chips or corn chips. Be especially careful to avoid heavy meals and spices in the evening. Do not go to bed too hungry or too full. Avoid snacks in the middle of the night because awakening may become associated with hunger. A light bedtime snack, such a glass of warm milk, cheese, or a bowl of cereal can promote sleep.

8. **AVOID NAPS**

The sleep you obtain during the day takes away from your sleep needed at night resulting in lighter, more restless sleep, difficulty falling asleep or early morning awakening. If you must nap, keep it brief, and try to schedule it before 3:00 pm. It is best to set an alarm to ensure you don't sleep more than 15-30 minutes.

9. **UNWIND**

Allow yourself at least an **hour** before bedtime to wind down. The brain is not a light switch that you can instantly cut on and off. Most of us cannot expect to go full speed till 10:00 pm then fall peacefully to sleep at 10:30 pm. Take a hot bath, read a novel, watch some TV, or have a pleasant talk with your spouse or kids. Find what works for you and make it your routine before bed. Be sure not to struggle with a problem, get into an argument before bed or anything else that increases your body's arousal.

10. **REGULAR SLEEP SCHEDULE**

Spending excessive time in bed has two unfortunate consequences - (1) you begin to associate your bedroom with arousal and frustration and (2) your sleep actually becomes shallow. Surprisingly, it is very important that you cut down your sleep time in order to improve sleep! Set the alarm clock and get out of bed at the same time each morning, weekdays and weekends, regardless of your bedtime or the amount of sleep you obtained on the previous night. You probably will be tempted to stay in bed if you did not sleep well, but try to maintain your new schedule. This guideline is designed to regulate your internal biological clock and reset your sleep-wake rhythm.

It usually takes 2-3 months for a sleep problem to get totally better, but most people see improvements within 2-3 weeks if they consistently follow the guidelines 😊

Sleep Diary Instructions

Before you go to sleep at night, please answer Questions 1 - 6.

After you get up in the morning, please answer the remaining questions, Questions 7 - 13.

It is very important that you complete the diary every evening and morning!!! Please don't attempt to complete the diary later.

It's often difficult to estimate how long you take to fall asleep or how long you're awake at night. Keep in mind that we simply want your best estimates.

If any unusual events occur on a given night (e.g., emergencies, phone calls) please make a note of it on the diary (at the bottom of the sheet).

Below are some guidelines to help you complete the Sleep Diary.

1. **Napping**: Please include **all** times you slept during the day, even if you didn't intend to fall asleep. For example, if you fell asleep for 10 minutes during a movie, please write this down.
2. **Sleep Medication**: Include both prescribed and over-the-counter medications. Only include medications used as a sleep aid.
3. **Alcohol as a sleep aid**: Only include alcohol that you used as a sleep aid.
4. **Bedtime**: This is the time you physically got into bed, with the intention of going to sleep. For example, if you went to bed at 10:45 p.m. but turned the lights off to go to sleep at 11:15 p.m., write down 10:45 p.m.
5. **Try to sleep**: This is the time you actually try to go to sleep.
6. **Time Planned to Awaken**: This is the time you plan to get up the following morning.
7. **Sleep-Onset Latency**: Provide your best estimate of how long it took you to fall asleep after you turned the lights off to go to sleep.
8. **Number of Awakenings**: This is the number of times you remember waking up during the night.
9. **Duration of Awakenings**: Please estimate how many minutes you spent awake for each awakening. If this proves impossible, then estimate the number of minutes you spent awake for all awakenings combined. Don't include your very last awakening in the morning, as this will be logged below (#10).
10. **Morning Awakening**: This is the very last time you woke up in the morning. If you woke up at 4:00 a.m. and never went back to sleep, this is the time you write down. However, if you woke up at 4:00 a.m. but went back to sleep for a brief time (for example, from 5:00 a.m. to 5:15 a.m.), then your last awakening would be 5:15 a.m.
11. **Out-of-Bed Time**: This is the time you actually got out of bed for the day.
12. **Restedness upon Arising**: Rate how rested you feel on the scale of the diary sheet.
13. **Sleep Quality**: Rate the quality of your sleep using the scale on the diary sheet.

SLEEP DIARY

Name: _____

Week: _____ to _____
(Beginning date) (Ending date)

Example



Mon.

Fill in the Day of the Week above each column



1. I napped from ___ to ___ (note times of all naps).	2:00 to 2:45 pm							
2. I took ___ mg of sleep medication as a sleep aid.	ProSom 1 mg							
3. I took ___ oz. of alcohol as a sleep aid.	Beer 12 oz.							
4. I got in bed at ___ pm/am.	10:30							
5. I tried to fall asleep at ___ pm/am.	11:15							
6. I plan to awaken at ___ am/pm.	6:15							
7. I fell asleep in ___ minutes.	45							
8. My sleep was interrupted ___ times (specify number of nighttime awakenings).	3							
9. My sleep was interrupted for ___ minutes (specify duration of each awakening).	15 20 30							
10. I woke up at ___ o'clock (note time of last awakening).	6:15							
11. I got out of bed at ___ o'clock (specify the time).	6:40							
12. When I got up this morning I felt ____ . <small>(1 = Exhausted, 2 = Tired, 3 = Average, 4 = Rather Refreshed, 5 = Very Refreshed)</small>	2							
13. Overall, my sleep last night was ____ . <small>(1 = Very Restless, 2 = Restless, 3 = Average, 4 = Sound, 5 = Very Sound)</small>	1							

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