### Sleep Hygiene Tools

### 1. How to sleep better checklist



	MON	TUES	WED	THURS	FRI	SAT	SUN	NOTES
Went to sleep at my regular bed time								
Increased light exposure during the day								
Boosted melatonin by turning off all screens at least 30 mins before bed time								
Avoiding bright lights at least 30 mins before bed time								
Made my bedroom as dark, cool and quiet as possible								
Did one activity from my toolbox of relaxing bed time rituals								
Exercised 30 mins or more during the day								
Avoided alcohol and heavy meals late at night								
Cut back on caffeine specially after lunch								
Practice a relaxation technique prior to bed time or when waking up in the night								

# 2. Fatigue diary (fill in the morning)



	•	•	•	•	•	•	IRELAND
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Time I went to bed last night							
Time I got out of bed							
Mark difficulty of falling asleep		Easily After some time With difficulty	Easily After some time With difficulty	Easily After some time With difficulty	Easily After some time With difficulty	Easily After some time With difficulty	Easily  After some time  With difficulty
Number of times if any, I woke up during the night							
My sleep was disturbed by (noise, lights,stress, etc.)							
When I woke up I felt (mark one)	Refreshed Somewhat refreshed Fatigued	Refreshed  Bomewhat refreshed  Fatigued	Refreshed Somewhat refreshed Fatigued	Somewhat refreshed	Refreshed Somewhat refreshed Fatigued	Somewhat refreshed	Refreshed Somewhat refreshed Fatigued

# 3. Fatigue diary (fill in before going to bed



							BRAIN INJURY
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 6
Date							
Number of caffeine drinks I consumed in the (M)orning, (A)fternoon, (E)vening	M A E N/A	M A E N/A	M A E N/A	M A E N/A	M A E N/A	M A E N/A	M A E N/A
I exercise at least 20 mins in the (M)orning, (A)fternoon, (E)vening, N/A	M A E N/A	M A E	M A E N/A	M A E N/A	M A E N/A	M A E N/A	M A E N/A
Medications I took today							
Took a nap (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Nap time							
While performing daily activities, how many times if any, did I doze off							
Throughout the day my mood was	Pleasant Unpleasant	Very pleasant Pleasant Unpleasant Very unpleasant					
In the hour before going to sleep my routine included (see tool box)							

# 4.Toolbox of relaxing time bed rituals



	Y/N	Notes
Took a bath		
Read a book		
Listen to a podcast/audiobook		
Breathing exercise		
Muscular relaxation exercise		
Read a magazine		
Listen to soft music		