Sleep Hygiene Checklist

Sixteen everyday habits, one score, and a two-week plan for the three changes that matter most to you.



WHY IT HELPS

Most people know a few sleep rules but rarely check them against a real week. This checklist turns the habits sleep research supports into yes or no questions, so you can see which ones are costing you sleep and change a few at a time.

HOW TO USE IT

Check	Answer 16 questions for the last two weeks.
Choose	Pick three No answers to work on.
Track	Tick each day, then check again.

INSIDE

2	A filled-in example	3	My checklist
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Pair it with a sleep diary. The checklist shows habits. The diary shows what your nights actually look like.

Tick Yes or No for what is true on most nights in the last two weeks.

Daytime

Yes 2 / 4

I get outside in daylight within two hours of waking.	**Yes**	No
I move my body for at least 20 minutes most days.	Yes	**No**
I keep daytime naps under 30 minutes and before 3 pm.	**Yes**	No
I wake up at about the same time every day, including days off.	Yes	**No**

Evening

Yes 2 / 4

My last caffeine is at least eight hours before bed.	Yes	**No**
I finish large meals two to three hours before bed.	**Yes**	No
I keep alcohol out of my wind-down.	**Yes**	No
I dim the lights in the hour before bed.	Yes	**No**

Bedroom

Yes 2 / 4

My bedroom is cool, dark and quiet, or I use a fan, mask or earplugs.	**Yes**	No
My bed is for sleep and intimacy, not work or scrolling.	Yes	**No**
My phone charges away from my pillow.	Yes	**No**
My mattress and pillow do not wake me with pain.	**Yes**	No

Mind

Yes 1 / 4

I have a short routine that tells my body the day is over.	Yes	**No**
I write down tomorrow's tasks before bed.	Yes	**No**
When I lie awake for what feels like a long time, I leave the bed for a calm, low-light activity and return when drowsy.	Yes	**No**
I take my medicines at the times my doctor and I agreed, and I know which ones affect sleep.	**Yes**	No

MY SCORE

7 / 16

13 to 16	Habits support sleep well. If sleep is still poor, keep a sleep diary and talk to your doctor.
8 to 12	A few habits work against you. Start with Daytime.
0 to 7	Pick three No answers to change for two weeks.

Tick Yes or No for what is true on most nights in the last two weeks.

Daytime

Yes ____ / 4

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1 Pick three changes

Choose No answers that feel doable. Tick each day you keep it.

MY THREE CHANGES	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Same wake time, 7 am, every day	☑	☑	☑	☐	☑	☑	☐	☑	☑	☑	☑	☑	☐	☑
Last coffee by noon	☑	☑	☐	☑	☑	☑	☑	☑	☑	☐	☑	☑	☑	☑
Phone charges in the kitchen	☐	☑	☑	☑	☑	☐	☑	☑	☑	☑	☑	☑	☑	☑

2 Score today

7 / 16

3 Score in two weeks

10 / 16

4 What changed in how I sleep and feel

Falling asleep faster on most nights

Still waking at 3 am two nights a week

Limits of a habit checklist. Good habits help most people, but they do not treat insomnia, sleep apnea or restless legs on their own. If you snore loudly, stop breathing in your sleep, or feel very sleepy while driving, see a doctor even if your score is high.

FOR MY NEXT APPOINTMENT

What I want to raise with my doctor or care team.

1 Pick three changes

Choose No answers that feel doable. Tick each day you keep it.

MY THREE CHANGES	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

2 Score today

3 Score in two weeks

4 What changed in how I sleep and feel

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What I want to raise with my doctor or care team.

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