

Rest and Revive workbook

Tools for assessing and taking control of your sleep

Welcome to your Rest and Revive workbook

Here's what's included:



Sleep log

To record your bedtimes, wake times, and sleep quality. It can help determine if your sleep schedule is causing insomnia or if you're spending too much time in bed. Fill it out each morning when you get up for two weeks, starting now.



Daytime activity log

To keep track of what you eat, your stress levels, and use of caffeine, tobacco, and alcohol. It can show how what you do at noon affects you at midnight. Fill this out each evening before bed for two weeks, starting now.



Sleep action plan

To set one simple, achievable goal for improving your sleep and help you stick to it. Just hold onto this for now – you'll fill out the first half in Week 3 and return to it at the end of the program.



Notes pages

To jot down quick thoughts, extra details about physical activity or diet, and sources of inspiration that don't quite fit into the logs.

TIP

Getting the most from your logs

Your sleep and daytime activity logs will be most effective if you fill them out for two weeks. During that time, don't worry about changing up your routine. The goal for now is just to get an accurate picture of how you normally sleep. Then, in Week 3, you can start taking steps toward improving it.

Sleep log

To complete your sleep log, write down your best estimates for each item every morning after you wake up. Don't watch the clock or write in your sleep log during the night. This may disrupt your sleep.

You may want to make additional copies of this page before you fill it out. Click and type to fill out electronically.

		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
1	Time you went to bed last night	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m
2	Approximate time you fell asleep	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m
3	Number of times you woke up							
4	Total time you spent awake during the night (after you fell asleep)							
5	Time you woke up this morning	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m
6	Time you got out of bed	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m	XX:XX p.m
7	Total amount of time you spent asleep							
8	How refreshing was your sleep? 4 = Poor/not refreshing 3 = Fair/somewhat refreshing 2 = Pretty good/refreshing 1 = Good/very refreshing							

Daytime activity log

Complete your day log each evening before bedtime.

You may want to make additional copies of this page before you fill it out. Click and type to fill out electronically.

		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
1	Caffeine (amounts and times of day)							
2	Tobacco (amounts and times of day)							
3	Alcohol (amounts and times of day)							
4	Medications and time taken							
5	Stress level 4 = Very high stress 3 = High stress 2 = Moderate stress 1 = Low stress							
6	Physical activity (amounts and times of day)							
7	Did you eat three meals? A late-night snack?							
8	Naps (number of minutes and times of day)							
9	What you did two hours before going to bed							

Sleep action plan

Click and type to fill out electronically.

1) Briefly describe one short-term goal that can help you improve your sleep:

2) Is this a doable goal? _____

3) What specific action(s) can you take?

4) When? _____

5) How often? _____

6) When will you evaluate your progress? _____

7) How confident are you that you can complete this goal? *If filling out electronically, click on number.*

1 2 3 4 5 6 7 8 9 10



Aim for goals that you can rate at a confidence level of at least 7.

Progress evaluation

Review date _____

1) Describe your progress toward this goal:

2) What barriers did you encounter?

3) How did you (or can you) work through those barriers?

4) Additional notes:
