

<b>Sleep Hygiene Index (adapted)</b>	<b>Yes</b>	<b>No</b>
1. I take daytime naps lasting two or more hours.		
2. I go to bed at different times from day to day.		
3. I get out of bed at different times from day to day.		
4. I exercise to the point of sweating within 1 hour of going to bed.		
5. I stay in bed longer than I should two or three times a week.		
6. I use alcohol, tobacco, or caffeine within 4 hours of going to bed or after going to bed.		
7. I do something that may wake me up before bedtime (for example: play video games, use the internet, or clean).		
8. I go to bed feeling stressed, angry, upset, or nervous.		
9. I use my bed for things other than sleeping or sex (for example: watch television, read, eat, or study).		
10. I sleep on an uncomfortable bed (for example: poor mattress or pillow, too much or not enough blankets).		
11. I sleep in an uncomfortable bedroom (for example: too bright, too stuffy, too hot, too cold, or too noisy).		
12. I do important work before bedtime (for example: pay bills, schedule, or study).		
13. I think, plan, or worry when I am in bed.		
Sum		

Positive (Yes) = 6+