

# Set Your SLEEP SCHEDULE



- **Prioritize rest.** Calculate a target bedtime based on your fixed wake-up time and do your best to be in bed around that time each night.
- **Budget 30 minutes before bedtime for winding down.** Take advantage of whatever puts you in a state of calm such as soft music, light stretching, reading or journaling.
- **Have a fixed wake-up time.** Regardless of whether it's a weekday or a weekend, try to wake up at the same time. A fluctuating schedule keeps you from getting into a rhythm of consistent sleep.
- **Make gradual adjustments.** If you want to shift your bedtime, don't do it in one fell swoop. Instead, make gradual adjustment of up to an hour so you can adjust more gradually.
- **Be extra.** Create personalized bedtime rituals that help you relax—brew some Sleepytime tea, take a warm bath, use calming scents like lavender, or cozy up under your favorite blanket.

## Sleep Challenge Part 1:

Sleep Hygiene—Share 3 practices you will incorporate to improve your sleep this week.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

### Resources for Better Sleep:



**Sleep Cycle app**  
(alarm with built-in microphone that senses your movement; monitors sleep/wake cycle, gives you sleep quality score)



**Calm app**  
sleep and guided meditation resource



**Insight Timer**  
management tool for sleep, anxiety and stress

## Sleep Challenge Part 2:

Record your sleep and wake times for five nights. Note if your sleep hygiene habits influence your energy levels or mood.

**Night 1:** Time Slept: \_\_\_\_  
Sleep Quality: ( Poor | Average | Great )  
Energy levels on scale from 1-10: \_\_\_\_

**Night 2:** Time Slept: \_\_\_\_  
Sleep Quality: ( Poor | Average | Great )  
Energy levels on scale from 1-10: \_\_\_\_

**Night 3:** Time Slept: \_\_\_\_  
Sleep Quality: ( Poor | Average | Great )  
Energy levels on scale from 1-10: \_\_\_\_

**Night 4:** Time Slept: \_\_\_\_  
Sleep Quality: ( Poor | Average | Great )  
Energy levels on scale from 1-10: \_\_\_\_

**Night 5:** Time Slept: \_\_\_\_  
Sleep Quality: ( Poor | Average | Great )  
Energy levels on scale from 1-10: \_\_\_\_

**Other changes you noticed:**

\_\_\_\_\_  
\_\_\_\_\_

Submit your skill builder to [wellness@phs.org](mailto:wellness@phs.org) by May 10, 2022.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Wellness Ambassador: \_\_\_\_\_

