

What can we do to get a better night's sleep?

Take on the Sleep Challenge.



Sleep is a part of our health that we often overlook. How many hours do we need each night? Join this sleep challenge, and see if it helps you improve your quality of sleep.

Length: 14 days, beginning

Goal: improve sleep habits

How it works: accumulate points for meeting your sleep goals

Rules:

- Choose a **quantity** of sleep (hours) you'd like to achieve each night. Keep in mind, the recommended amount for adults is seven to eight hours each night. But that can be difficult sometimes. If you can only manage to get six hours a night, then that can be your goal.
- Choose how you're going to improve the **quality** of your sleep. You may do this by reading the flyer, "I often have trouble sleeping. What can I do?" This flyer has 20 ideas about how you might improve the quality of your sleep. Choose one.
- You may change either goal up to two times during the challenge. If you change your goals, record the date of the change on the chart.
- Make sure your goals are S.M.A.R.T. ones. That is, Specific, Measurable, Attainable, Realistic and Timely. (See the S.M.A.R.T. goals flyer for more details.)
- Each day, write down on the chart whether you made your quantity and quality goals. A simple "Yes" or "No" is fine. You'll receive one point for each time you meet your goals.
- In the "Comments" section, indicate how you slept the night before. (How did you feel in the morning? Did you have dreams? Were you tossing and turning? How many times did you wake up? Was the room temperature comfortable? How was the lighting in the room? Was it quiet?)
- If you can't sleep, write in your sleep journal. Write about ideas, plans or worries that may be keeping you awake.
- You can keep track of your sleep in a number of ways, such as activity trackers and mobile apps.

If you have any questions, please contact

<contact name>

at

<contact information>

Sleep Challenge Chart

Goals	Quantity/date	Quality/date
Goal 1		
Goal 2 <i>(if needed)</i>		
Goal 3 <i>(if needed)</i>		

Results	Quantity	Quality	Comments
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 9	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 10	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 11	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day 14	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grand Total	___ Yes ___ No	___ Yes ___ No	