EXERCISE: SLEEP HABITS CHECKLIST	
Do I have a sleep routine (going to bed and waking at a similar time each day)?	YES/NO
Is the place I sleep comfortable (cool but not cold, with a comfortable mattress)?	YES/NO
Is the place I sleep dark?	YES/NO
Is noise disturbing my sleep?	YES/NO
Do I need help to manage any pain that might disturb sleep? (Leave blank if not affected by pain.)	YES/NO
Do I use my bed to do anything other than sleep or have sex (e.g. work, watch TV, play games, use the internet)?	YES/NO
Do I lie awake in bed if I cannot get to sleep (i.e. lying awake for more than 25–30 minutes)?	YES/NO
Am I sleeping or lying in bed in the daytime?	YES/NO
Do I nap to try to catch up on sleep?	YES/NO
Am I doing something exciting, frightening, worrying or that gets me thinking in the hours before going to bed (e.g. working, watching a frightening film, playing an intense computer game or reading troubling news stories)?	YES/NO

Am I doing exercise that gets my heart racing in the hours before bed?	YES/NO
Do I have caffeine (e.g. coffee or energy drinks) or other stimulants, especially later in the day?	YES/NO
Am I around bright lights in the hours before bed?	YES/NO
Am I using screens close to bedtime?	YES/NO
Am I getting enough exercise/activity earlier in the day to help me sleep at night?	YES/NO
Is anything else affecting my sleep?	YES/NO