



Passport to Better Sleep: Sleep Well



Name: _____

Answer these questions as you go through the virtual educational exhibit to reinforce your learning.

Exhibit 1: Healthy Sleep Habits

I get adequate and high quality sleep that allows me to function at my best the next day:

Rarely or never Occasionally Most of the time All of the time

Two common side effects of prescription sleep aids are:

Exhibit 2: How Much Sleep Do You Need?

According to the National Sleep Foundation Recommended Sleep Ranges chart, I get an adequate number of hours of sleep:

Rarely or never Occasionally Most of the time All of the time

Exhibit 3: Sleep Routine

Circle one: I have a regular bedtime: Yes No

Circle one: I have identified a spot in my home where I can read a hard copy book if I'm unable to get back to sleep after 20 minutes: Yes No

Exhibit 4: Sleep Environment

Two examples of improvements that I am willing to make in my sleep environment are:

Exhibit 5: Bedtime Preparation

Circle one: I routinely stop using all screens 30 – 60 minutes before bedtime: Yes No

Two things I could do to help my body wind down before bed are:

Exhibit 6: Food and Beverages to Avoid

I am willing to eliminate eating and/or drinking _____ to improve my sleep.

Exhibit 7: Sleep-Promoting Food And Beverages

Sleep-promoting food and beverages that I am willing to try before bedtime are:

If there are no children currently living in your home, you have completed the Passport to Better Sleep. However, continue with the Exhibit so you can learn about sleep practices for children so that you can help those in your life who have children or prepare yourself for when you plan to have children.

Exhibit 8: Children And Sleep

According to the National Sleep Foundation Recommended Sleep Ranges for Children chart, my children get an adequate number of hours of sleep:

Rarely or never Occasionally Most of the time All of the time

Exhibit 9: Newborns And Infants, 0-11 Months

Circle one: My newborn(s) can fall asleep and return to sleep unassisted: Yes No

The bedtime ritual for my infant(s), consists of:

Exhibit 10: Toddlers and Preschoolers, 1-5 Years Of Age

I am willing to help my toddler(s) wind down before bedtime by including the following in our bedtime routine:

Exhibit 11: School-Age Children, 6-13 Years Of Age

Circle one: My school child/children's bedroom is screen free: Yes No

I am willing to help my school-age child/children wind down before bedtime by including the following in our bedtime routine:

Exhibit 12: Teens, 14-17 Years Of Age

Circle one: My teen's bedroom is screen free: Yes No

Circle one: My teen's phone is docked overnight in another room: Yes No