

EMOTION REGULATION WORKSHEET 14B

Sleep Hygiene Practice Sheet

Due Date: _____ Name: _____ Week Starting: _____

In the far left column, put down the days of the week. Then put times/hours in bed, and what you did in the 4 hours before bed, in the next three columns. Along with describing the strategies you used, please rate your degree of rumination before and after using skills. Write in 0 if you had no rumination. Finally, rate the overall usefulness of your strategies.

| Day | Time to bed/time up | Hours/minutes in bed during the day | Food, drink, exercise within 4 hours of bed | Starting emotion/rumination intensity (0–100) | Describe strategies used to get to sleep (or back to sleep) | Ending emotion/rumination intensity (0–100) | Usefulness of strategies (0–100) |
|-----|---------------------|-------------------------------------|---|---|---|---|----------------------------------|
| | _____ | Hrs: _____ Min: _____ | | | | | |
| | _____ | Hrs: _____ Min: _____ | | | | | |
| | _____ | Hrs: _____ Min: _____ | | | | | |
| | _____ | Hrs: _____ Min: _____ | | | | | |
| | _____ | Hrs: _____ Min: _____ | | | | | |
| | _____ | Hrs: _____ Min: _____ | | | | | |
| | _____ | Hrs: _____ Min: _____ | | | | | |