

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: _____						
	Hrs: _____ Min: _____						

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