

## SLEEP HYGIENE INDEX (SHI)

*Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it. Use the scale to make your choice.*

0	1	2	3	4				
Never	Rarely	sometimes	Frequent	Always				
1. I take daytime naps lasting two or more hours.			0	1	2	3	4	_____
2. I go to bed at different times from day to day.			0	1	2	3	4	_____
3. I get out of bed at different times from day to day.			0	1	2	3	4	_____
4. I exercise to the point of sweating within 1 hr of going to bed.			0	1	2	3	4	_____
5. I stay in bed longer than I should two or three times a week.			0	1	2	3	4	_____
6. I use alcohol, tobacco, or caffeine within 4hrs of going to bed or after going to bed.			0	1	2	3	4	_____
7. I do something that may wake me up before bedtime (for example: play video games, use the internet, or clean).			0	1	2	3	4	_____
8. I go to bed feeling stressed, angry, upset, or nervous.			0	1	2	3	4	_____
9. I use my bed for things other than sleeping or sex (for example: watch television, read, eat, or study).			0	1	2	3	4	_____
10. I sleep on an uncomfortable bed (for example: poor mattress or pillow, too much or not enough blankets).			0	1	2	3	4	_____
11. I sleep in an uncomfortable bedroom (for example: too bright, too stuffy, too hot, too cold, or too noisy).			0	1	2	3	4	_____
12. I do important work before bedtime (for example: pay bills, schedule, or study).			0	1	2	3	4	_____
13. I think, plan, or worry when I am in bed.			0	1	2	3	4	_____
Total score = _____								