

# Sleep Hygiene Checklist

Checklist · 54 items · 6 sections

Most sleep advice online is recycled fluff. This checklist pulls from clinical sleep medicine: the AASM, CDC, Stanford, and Matthew Walker's research at Berkeley. Work through it once, keep the items that move the needle for you.

Open the editable version online:

<https://genechecklist.com/checklist/sleep-hygiene-checklist>

## SLEEP ENVIRONMENT

- Set bedroom temperature to 65-68°F (18-20°C)  
**HIGH**  
*Core body temp must drop ~1°C to initiate sleep (Walker, Sleep Foundation).*
- Block all light sources with blackout curtains or a sleep mask  
**HIGH**  
*Even dim light suppresses melatonin and reduces deep sleep (AASM).*
- Cover or remove LED indicators on electronics  
**HIGH**  
*Small light sources at night raise next-day insulin resistance (Northwestern, 2022).*
- Use the bed for sleep and sex only  
**HIGH**  
*Stimulus control retrains the brain to associate bed with sleep (CBT-I core principle, AASM).*
- Keep the room quiet or use steady white/pink/brown noise  
*Intermittent noise causes micro-arousals you don't remember (Cleveland Clinic).*
- Choose a mattress and pillow that keep your spine neutral  
*Pain-driven awakenings fragment sleep architecture (Sleep Foundation).*
- Reserve the bedroom for sleeping, not working or scrolling  
*Conditioned arousal in the bed is a top driver of chronic insomnia (Stanford Sleep Medicine).*
- Ventilate the room or crack a window  
*Rising CO2 above 1000 ppm degrades sleep quality and next-day cognition (Harvard T.H. Chan).*
- Turn the clock face away from the bed  
*Clock-watching during awakenings drives anxiety and prolongs them (CBT-I).*
- Wash bedding weekly; consider a dust-mite cover if allergic  
*Nasal congestion fragments sleep (AASM).*

## DAILY SCHEDULE

- Wake at the same time every day, including weekends

HIGH

*A fixed wake time anchors the circadian rhythm more than bedtime does (Walker, AASM).*

- Get 10-30 minutes of bright outdoor light within an hour of waking

HIGH

*Morning light advances the circadian clock and locks in nighttime melatonin release (Stanford, Huberman).*

- Aim for 7-9 hours of sleep opportunity nightly

HIGH

*Chronic sleep under 7 hours raises all-cause mortality (CDC, AASM consensus).*

- Exercise most days, ideally finishing 2-3 hours before bed

*Regular activity deepens slow-wave sleep, but late vigorous exercise raises core temp.*

- Get sunlight again in the late afternoon if possible

*Dimming light cues melatonin onset on schedule (Walker).*

- Eat meals at consistent times

*Food timing is a secondary zeitgeber that reinforces the master clock (Salk Institute).*

- Finish dinner 2-3 hours before bed

*Late large meals raise core temp and trigger reflux that fragments sleep.*

- If you nap, keep it under 30 minutes and before 3pm

*Longer or later naps reduce homeostatic sleep pressure for the night (AASM).*

- Track sleep with a paper journal or app for 2 weeks before changing routines

*Pattern data beats guessing (CBT-I diagnostic standard).*

## EVENING WIND-DOWN

- Dim household lights 2-3 hours before bed

HIGH

*Bright evening light delays melatonin onset by up to 90 minutes (Harvard, Walker).*

- Stop screen use within 1-2 hours of bed, or use warm-light/grayscale mode

HIGH

*Short-wavelength blue light is the strongest melatonin suppressor (AASM).*

- Build a 30-60 minute wind-down ritual you repeat nightly

HIGH

*Consistent pre-sleep cues become conditioned sleep triggers (CBT-I).*

- Take a warm shower or bath 60-90 minutes before bed

*Post-bath skin-temp drop accelerates sleep onset by ~10 min (meta-analysis, Sleep Medicine Reviews 2019).*

- Lower indoor temperature in the hour before bed

*Helps the body initiate the core temp drop.*

- Read fiction, stretch, or do a calm offline activity

*Low-arousal tasks lower cortisol and sympathetic tone.*

- Write a worry list or next-day to-do 1-2 hours before bed  
*Offloading rumination reduces sleep-onset latency (Baylor, 2018).*
- Try a 5-10 minute breath practice: 4-7-8 or box breathing  
*Slowed breathing shifts the autonomic system toward parasympathetic (Stanford).*
- Consider a small magnesium glycinate dose if cleared by your doctor  
*Modest evidence for sleep quality, low risk.*

## WHAT TO AVOID

- Cut caffeine 8-10 hours before bed  
**HIGH**  
*Half-life is 5-6 hours; a quarter dose still circulates at bedtime (Walker, AASM).*
- Avoid alcohol within 3 hours of bed, ideally skip it entirely  
**HIGH**  
*Alcohol is a sedative, not a sleep aid. It fragments REM and deep sleep (Walker).*
- Don't use the phone in bed  
**HIGH**  
*Blue light plus dopamine-driven scrolling raises arousal and pushes sleep onset later (Stanford).*
- Avoid nicotine in the evening  
**HIGH**  
*Nicotine is a stimulant; withdrawal causes mid-night awakenings.*
- Skip large meals, spicy food, and high liquid intake within 2 hours of bed  
*Reflux and nocturia interrupt sleep.*
- Don't sleep in to 'catch up' on weekends  
*Social jet lag of >1 hour worsens Monday insomnia (Roenneberg, Current Biology).*
- Avoid intense exercise inside 2 hours of bed  
*Elevated core temp and adrenaline delay sleep onset.*
- Skip the evening nap if you struggle to fall asleep at night  
*Drains the adenosine pressure you need for sleep onset (CBT-I).*
- Avoid bright bathroom lights during night wakeups; use a dim red or warm nightlight  
*Preserves melatonin (Walker).*
- Don't rely on melatonin as a sedative  
*It is a timing signal, not a sleeping pill. Most OTC doses are 5-30x physiological (Walker, AASM).*

## IF YOU CAN'T SLEEP

- If you're awake in bed ~20 minutes, get up and do something boring in low light  
**HIGH**  
*Stimulus control breaks the bed-awake association (CBT-I, AASM).*
- Return to bed only when sleepy (heavy eyelids, head nods), not just tired  
**HIGH**
- Try sleep restriction: compress time in bed to match actual sleep time, then expand 15 min/week  
**HIGH**  
*First-line CBT-I technique per AASM.*

- Use paradoxical intention if you have sleep performance anxiety: gently try to stay awake  
*Defuses the pressure (Cochrane review).*
- Practice cognitive restructuring on sleep catastrophizing  
*'One bad night will not ruin tomorrow' is usually accurate (CBT-I).*
- Run a body scan or progressive muscle relaxation  
*Shifts attention from rumination to somatic awareness.*
- Keep a notepad by the bed for racing thoughts: write and decide tomorrow
- Don't compensate the next day by going to bed early  
*Maintain your wake time to rebuild sleep pressure (AASM).*

## WHEN TO SEE A DOCTOR

- See a sleep doctor if insomnia persists 3+ nights/week for 3+ months  
**HIGH**  
*Meets clinical threshold for chronic insomnia disorder (DSM-5, ICSD-3).*
- Ask for CBT-I first, not a sleep medication  
**HIGH**  
*AASM and ACP guidelines name CBT-I as first-line with longer-lasting effects than hypnotics.*
- Get evaluated for sleep apnea if you snore loudly, gasp, wake unrefreshed, or have morning headaches  
**HIGH**  
*Untreated OSA raises cardiovascular and dementia risk (AASM).*
- Get evaluated for restless legs syndrome if leg urges at night improve with movement  
*Treatable, often missed (Cleveland Clinic).*
- Mention sleep problems with depression, anxiety, or chronic pain  
*Bidirectional. Treating sleep often improves the other condition (Harvard).*
- Review medications with a pharmacist  
*Beta-blockers, SSRIs, stimulants, steroids, decongestants commonly disrupt sleep (AASM).*
- Ask about a home sleep study if symptoms suggest apnea  
*Cheaper and easier than in-lab polysomnography for uncomplicated cases.*
- Push back on long-term Z-drug or benzodiazepine prescriptions  
*Tolerance, dependence, and next-day impairment make them poor chronic options (ACP guideline).*