



Your Lifestyle Medicine Rx - Sleep

Your daily routines such as what you eat and drink, the medication you take, and how much activity you get throughout the day can impact the quality of your sleep. Bedtime routines are important to help you wind down and improve your ability to fall asleep and stay asleep.

A good nights sleep can help with:

- Memory and focus
- Anxiety and depression
- A healthy weight (less late night snacking!)
- Blood sugar
- Better decisions
- Creativity

How much sleep do you need?



Newborns

16-18

hours a day



Pre-school
Children

11-12

hours a day



School-age
Children

10

hours a day



Teens

9-10

hours a day



Adults

7-8

hours a day

Tips to sleep better

Make Your Bedroom More Comfortable

- Make your bedroom quiet and relaxing
- Keep the room at 60 to 67 degrees
- Keep the room dark
- Use your bed only for sleep and sex
- No TV, phones, computers
- Use heavy blanket if you can keep the room cool

Create a Bed Time Routine

- Read a book
- Take a warm bath
- Take 5-10 long slow deep breaths
- Journal to release daily stress
- Stick to a sleep schedule (same wake up and bedtime each day)
- Put your phone on "do not disturb"
- Write down your to-do list

Be aware of your daytime habits.

- Exercise regularly
- Eat a healthy diet
- Do not eat large meals before bedtime.
- Eat a light, healthy snack 45 minutes before bed.
- Do not drink caffeine in the evening
- Do not drink alcohol before bedtime
- Do not drink anything 30 minutes before bedtime

Still having trouble getting sleep?

Complete a two-week sleep diary to help you understand how your routines affect your sleep.



01/2022

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Patient Name: _____

DOB: _____

Turn electronics off 1 hour before bedtime.

Get _____ hours of sleep per night.

Provider Signature

Date

Referrals (from today's visit)

Date: ____ / ____ / ____

Chart Number: _____

Registered Dietitian

Healthy Future

Counseling

Declined

Patient Email: _____

Patient Phone: _____

Follow Up:

Rx Status (based on last Rx) Date: ____ / ____ / ____

Complete (C)

Partially Complete (P)

Incomplete (I)

Referral Status (based on last referral) Date: ____ / ____ / ____

Registered Dietitian

Healthy Future

Healthy Living Department

Counseling

Declined