

Understanding & Managing Sleep Problems

Online Workshop Handout

You will find the following resources below:

Progressive Muscle Relaxation resources

Further resources links

Sleep Diary

Progressive Muscle Relaxation Resources:

Progressive Muscle Relaxation Audio recording (3 minute, sitting down) [2 - Relaxing Breathing Space \(3 Minutes\) in Relaxation and meditation exercises \(soundcloud.com\)](#)

Progressive Muscle Relaxation Audio recording (20 minute) [3 - Progressive relaxation of the muscles in your body \(21 Mins\) by relaxationexercises | Free Listening on SoundCloud](#)

Youtube link: [Reduce Stress through Progressive Muscle Relaxation \(3 of 3\) - YouTube](#)

Further Resources:

Guided Controlled Breathing and Progressive Muscle Relaxation (also known as deep muscle relaxation) exercise:

<https://soundcloud.com/user-133051214/sets/mindwell-audio-therapies>

The below link contains a guided visualisation exercise:

<https://soundcloud.com/lpft-nhs/relaxation-visualisation>

Progressive Muscle Relaxation

<https://soundcloud.com/icoperelaxationexercises/3-progressive-relaxation-of?in=icoperelaxationexercises/sets/relaxation-and-meditation-exercises>

Yoga with Adriene – Bedtime Yoga

<https://www.youtube.com/watch?v=LI9upn4t9n8>

Headspace Blog Article – Why am I always tired?

<https://www.headspace.com/sleep/why-am-i-always-tired>

Sleep Music – Headspace App

<https://www.headspace.com/sleep/sleep-music>

SLEEP DIARY

The sleep diary is designed to provide a record of your sleep pattern as well as how you feel on awakening. Please complete one column of the diary each morning, soon after you wake up. Take a few minutes to do this, trying to be as accurate as you can. It is your best estimate that we are looking for, but try not to get into the habit of clockwatching at night.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1. Did you nap at any point yesterday? If yes, how long for (minutes)?							
2. At what time did you rise from bed this morning?							
3. What time did you finally wake up at this morning?							
4. At what time did you go to bed last night?							
5. At what time did you switch off the light intending to go to sleep?							
6. How long did it take you to fall asleep (minutes)?							
7. How many times did you wake up during the night?							
8. How long were you awake during the night because of these awakenings (total minutes)?							
9. About how long did you sleep altogether (hours/mins)?							
10. How much alcohol did you take last night?							
11. Did you take sleeping pills to help you sleep last night? If so, how many?							

MEASURING THE QUALITY OF YOUR SLEEP

Please rate all questions on a scale of 0-4 where 0 is "not at all" or "poor" and 4 is "very"

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1 How rested / restored do you feel this morning?							
2. How alert do you feel this morning?							
3. How would you rate the overall quality of your sleep last night?							