

Sleep action plan

1) Briefly describe one short-term goal that can help you improve your sleep:

2) Is this a doable goal? _____

3) What specific action(s) can you take?

4) When? _____

5) How often? _____

6) When will you evaluate your progress? _____

7) How confident are you that you can complete this goal?

1 2 3 4 5 6 7 8 9 10



Not confident

Very confident



Progress evaluation

Review date _____

1) Describe your progress toward this goal:

2) What barriers did you encounter?

3) How did you (or can you) work through those barriers?

4) Additional notes:
