Your Sleep/Your Life
Sleep Disorders and
Sleep Health Promotion
to Reduce Chronic Diseases

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Survey on Sleep

How is your sleep? Complete the brief survey about sleep.
This is a brief survey that will help understand sleep. Please complete this survey now, based on how your sleep has been during the last year. You do not have to share your answers. This information is to help you know if you have a problem with sleep similar to the ones we are studying in this session.

1. How many minutes in general does it take you to fall asleep upon lying down? _____ Minutes

2. How many hours of sleep do you have at night (or during your main sleeping period) during weekdays? _____ Hours

3. Do you snore or has someone told you snore? □ Yes □ No

4. Has anyone ever told you stop breathing while you sleep? □ Yes □ No

5. Have you ever:
   a. Problem falling asleep? □ Yes □ No
   b. Problem staying asleep? □ Yes □ No
   c. Waking up early in the morning with trouble returning to sleep? □ Yes □ No
   d. Tired during the day no matter how much sleep you get? □ Yes □ No
   e. Excessive daytime sleepiness? □ Yes □ No

6. While you are sitting or lying down at night, do you frequently feel discomfort in your legs that only feels better once you get up and move? □ Yes □ No
Your Sleep/Your Life: Presents the Ramirez family

Mariano (dad): Obstructive sleep apnea
He is 51 years old, weighs 136 kilograms, has high blood pressure, and complains about intense fatigue throughout the day. He works as a day laborer. His wife says that she notices he stops breathing briefly while he sleeps at night.

Virginia (mom): Symptoms of insomnia. She is 45 years old, 1.60 meters in height and weighs 59 kilograms. She is in charge of the house and the kids and works part time in laundry services for a hotel chain. She says that she has many worries and she has problems falling and staying asleep (especially when her husband is snoring). She relaxes by watching TV in bed.

Doña Fela (Aunt): Restless leg syndrome. She is Mariano’s mother and lives with the family. She is 71 years old and helps to take care of the house and kids when Virginia or Mariano is working. The aunt walks for 30 minutes every day in order to remain healthy and to take care of her diabetes and high blood pressure. She complains about the “strange” sensations of irritation she gets in her legs at night that will only go away if she gets up and walks around. These sensations in her legs have been interfering with falling asleep even though she drinks chamomile tea to aid her in falling asleep.

Carmencita (daughter): Not enough sleep. She is 15 years old and a high school student. She gets good grades, is active and a popular girl at the school. After finishing her homework and spending time with her family, she goes to her computer and uses social networking or exchanges text messages with her friends until midnight, including during the week. Meanwhile, she eats potato chips, candy and sugary drinks. Since she has to wake up at 6am to go to school, she only sleeps around 6 hours a night. It is hard for her to wake up in the morning and she needs to program an alarm. She is tired at school and frequently falls asleep during her first class.

Performance in school and the amount of sleep children and adolescents get has been decreasing for the following reasons:

- Extracurricular activities
- Electronic devices:
  - Television
  - Smartphones
  - Video games
  - Text messaging
- Social networking sites
Nestor (son): **Snoring and restless sleep.** He is 8 years old and is in 3rd grade. He likes school, but feels that his teachers are always against him, telling him to be calm and pay attention. Although he works hard on his homework and enjoying math and science, he gets bad grades. He is upset with the school and himself. His mother hears him snoring loudly at night, and, when she watches him sleep, he is always kicking and tossing and turning. Sometimes, he wets the bed.

Snoring and moving around during sleep have been associated with to:
- Behavior problems
  - Inability to pay attention
  - Hyperactivity
  - Possible misdiagnosis of attention deficit disorder.
- Poor performance in school
- Fatigue and daytime sleepiness
- Health problems
  - Obesity
  - Diabetes

The consequences of obstructive sleep apnea in children include:
- High blood pressure.
- Obesity.
- Diabetes.
- Gastroesophageal reflux (heartburn).
- Heart disease.

**Chronic Illness Associated with Sleep Disorders**

The following are chronic illnesses associated with sleep disorders:
- Obesity
- Cardiovascular diseases/hypertension
- Diabetes/alterations in the tolerance of glucose
- Depression/anxiety
- Immunological function
- Alcohol abuse
- Alteration in cognitive functioning
- Reduction in the quality of life related to health
- Disability and death
12 Activities that Promote Healthy Sleep

Try the following simple changes in your day life and the previous in your nighttime routine:

1. Products that contain caffeine (tea, coffee, cocoa, chocolate, sodas) should not be had 4 hours before bedtime. Caffeine is a stimulant and can keep you awake.

2. Avoid nicotine (including patches or chewing gum with nicotine) for at least 4 hours before bedtime and if you wake up during the night. Nicotine is also a stimulant.

3. Avoid alcohol around the time you will be going to bed because, although it makes you sleepy at first, it can cause you to wake up at night or interfere with the quality of sleep.

4. Avoid eating a big dinner immediately before bedtime. A small snack (for example, a banana, yogurt, or a cup of milk) is beneficial.

5. Try to exercise regularly (even if it’s a 20 minute walk) in the morning or afternoon. Try not to do it close to bedtime because it can stimulate you and prevent you from falling asleep. Experts suggest doing exercise 3 or 4 hours before you go to sleep.

6. Maintain your bedroom calm and orderly. Select sheets and pillows that are comfortable. Avoid having your bedroom be too cold or hot.

7. Maintain your bedroom quiet and dark at night, and try to spend time in the daylight during the day. Cover the windows with thick curtains in order to block the light from the windows, or use a mask to cover your eyes. If noise is a problem, use earplugs, a vaporizer or a “white noise” machine to drown out the noise.

8. Only use your bed to sleep and have sex. Avoid watching television, using the computer, reading, listening to music, speaking on the phone, or sending text messages in bed. Turn off the television, cell phone, iPad, and computer a few hours before going to bed. The type of light the screens emit can stimulate your brain, suppress melatonin production, or interfere with your internal clock.

9. Maintain a regular sleeping schedule, including on the weekends. People need at least 7 to 8 hours of sleep each night (for an adult) to feel good and be productive. Try to not take naps during the day because they can cause you to not feel sleepy at night.

   NOTE: A nap or meditation session for 20 to 30 minutes is good for energizing your body, mind, and spirit. Sleeping more than 30 minutes is not considered a nap and can affect the quality of your sleep at night.

10. Have a routine that will help you relax before you go to sleep. Read a book, listen to music, or take a bath.
11. If you can’t sleep or don’t feel sleepy, get out of bed and read or do something that is not too stimulating until you get sleepy.

12. If you find yourself in bed, awake and worried, try to make a list of things to do before going to bed. This can help you not focus on any worries during the night.

**Breathing Exercise**

- Sit in a comfortable position with your back straight and your legs uncrossed.
- Breathe deeply at the abdomen. You can place your hands on your stomach if that helps.
- Wait before you exhale.
- While you exhale through your mouth, instead of making the noise similar to whistling, count “one.” While you inhale and exhale, count “two…three…four.”
- Continue counting from one to four.
- While you count and breathe, note that your breathing becomes slower, your body is relaxing, and that your mind is becoming clearer.
- Continue for 5 minutes.
Weekly commitment

Name: _____________________ Date ____/____/____

After the session...

Are you at risk of developing sleep disorders?

Write the goals you would like to achieve or the habits you want to change to better your health this week.

To improve my sleep, I will:

__________________________________________________________________________

__________________________________________________________________________

In nutrition, I will:

__________________________________________________________________________

__________________________________________________________________________

In physical activity, I will:

__________________________________________________________________________

__________________________________________________________________________

In the following session you will tell us...

Did you reach your goal?

Yes_____ How? ___________________________________________________________

No _____ Why not? ________________________________________________________
Your Sleep/Your Life Weekly Sleep Diary (Sleep Study)

Name: _____________________________________   Week of ___________________________

Please complete this sleep diary every morning 30 minutes after you wake up. Think of the approximate times. Do not worry if you don’t know the exact times. We are only interested in your opinion on how you slept.

<table>
<thead>
<tr>
<th>Questions for the day</th>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<tbody>
<tr>
<td>¿Did you nap yesterday? ¿If yes, how long did it last?</td>
<td>o Yes</td>
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<td>Did you drink caffeine after 6pm? (coffee, tea, soda, chocolate, certain medications)</td>
<td>o Yes</td>
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<td>Did you drink alcohol after 6pm? (ex. Beer, wine, tequila…)</td>
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<td>Did you use nicotine after 6pm? (cigarettes, cigars, nicotine gum)</td>
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<td>Did you exercise? If so, was it in the morning, noon, or evening?</td>
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<td>Did you eat a heavy meal after 6pm?</td>
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<td>Did you take sleeping pills?</td>
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</tbody>
</table>

Please continue on the next page.
### Weekly Sleep Diary (Sleep Study) - continued

**Questions for the night**

<table>
<thead>
<tr>
<th></th>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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</thead>
<tbody>
<tr>
<td>What time did you turn the lights/computer, etc. off?</td>
<td>____ p.m.</td>
<td>____ p.m.</td>
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<td>What time did you fall asleep?</td>
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<td>____ p.m.</td>
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<tr>
<td>How long did it take you to fall asleep?</td>
<td>_____ minutes</td>
<td>_____ minutes</td>
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<td>_____ minutes</td>
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<td>How many times did you wake up during the night?</td>
<td>_____ times</td>
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<td>_____ times</td>
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<tr>
<td>How many minutes were you awake at night?</td>
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<td>_____ minutes</td>
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<td>In a few words, why did you wake up?</td>
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<tr>
<td>What time did you wake up?</td>
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<td>What time did you get out of bed?</td>
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<td>____ a.m.</td>
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<td>____ a.m.</td>
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</tr>
<tr>
<td>Do you think you slept enough?</td>
<td>o Yes o No</td>
<td>o Yes o No</td>
<td>o Yes o No</td>
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</tr>
</tbody>
</table>

Which of the following factors are present in your bedroom that could alter your sleep (please park with an X)?

- _____ Television
- _____ Phone
- _____ Video games
- _____ Computer
- _____ Pets
- _____ Music
- _____ Babies
- _____ Children
- _____ Elderly family with health problems

Other things ________________________________________________________________________________