The Pain Truth Program

(Sample section from the Pain Truth Workbook)

10 Sleep Questions and Solutions

1. Is your mattress uncomfortable or more than 10 years old?
2. Do you have a daily physical activity or exercise routine? The second of the se
3. Do you wake up at nights due to noise or snoring? ☐ Yes ☐ No If yes, consider ear plugs, a noise machine or change rooms if your partner snores
4. Do you take naps throughout the day? If yes, limit naps to 15 minutes as they can interfere with your night sleep
5. Do you spend time outside during the day? If no, consider spending at least 1 hour a day outdoors in the light to help with the circadian rhythm
6. Do you have lights, TV or the phone on before going to bed? □Yes □ No If yes, don't do it for at least 1 hour before your bed time and replace the screen time at night with reading books or magazine in night light. Avoid all bright lights before bedtime so plug in a small night light with a switch in the bathroom and bedroom.
7. Do you drink caffeinated or alcoholic drinks in the evenings? Yes No lf yes, don't do it.
8. Do you have a routine time for going to bed and waking up? □Yes □ No If you don't have typical sleep schedule, plan one in advance. Having irregular sleep and wake up times negatively effects sleep quality.
9. Are you taking any medications for your pain or your sleep? Tyes I No If yes, discuss with your doctor your current medications as some of them may be affecting your sleep
10. Do you worry at night when you go to bed? If yes, take a few minutes in the early evening to make a list of all y our worries. Then write down a small action that you could take tomorrow to help with this concern. You may also consider mindfulness meditation before bedtime.
Improving the quality of your sleep is an essential part of your recovery. So you need to seriously consider solutions to the following issues
1 2 3 4 5 6 7 8 9 10

Sleep

On a scale of 0-10, how important is it improving your sleep to you?
Why did you not give it a lower number? What makes sleeping well so important to you?
☐ Reduce my nervous system hypersensitivity
☐ Improve my mood
☐ Increase my energy
☐ Reduce my stress
What steps do you wish to take in order to improve the quality and quantity of my sleep?
what steps do you wish to take in order to improve the quality and quantity of my sleep?
□Exercise daily
☐Have a routine time for going to bed and waking up
□Listen to relaxation music
□Spend time outdoors during the day
□Wear ear plugs
□Wear night shades over eyes
□Change old mattress
□Sleep in another room as my partner snores
□Avoid arguments before sleep
□Avoid caffeine & alcohol 4 hours before sleep
□Avoid eating 4 hours before sleep (i.e. fast until breakfast)
□Avoid TV, computers, phone screens 1 hour before sleep
☐Avoid taking naps during the day
□ If worried or anxious, make a list of concerns to address the next day
□Consider Magnesium citrate supplementation (see pharmacist)
□Consider non-prescription sleep supplementations (see pharmacist or naturopathic doctor)
□
What will you do today to get started?