**HANDOUT 1- GOAL WORKSHEET**

### GOAL WORKSHEET-WEEK (# )

**Goal # 1**

**………………………………………………………………………………………………………………………………………………..**

**………………………………………………………………………………………………………………………………………………..**

**Goal is important because……………………………………………………….……………………………………….**

**…………………………………………………………………………………………………..……………………………………………**

**Steps taken to reach this goal are……………………………………………………………………………………**

**……………………………………………………………………………………….……………………………………………………….**

**Goal # 2**

**………………………………………………………….………………………………………………………………………………….**

**………………………………………..………………………………………………………………………………………………………**

**Goal is important because……………………………………….……………………………………………………….**

**……………………………………………………………………….………………………………………………………………………**

**Steps taken to reach this goal are…………………………………….…………………………………………….**

**…………………………………………………..……………………………………………………………………………………………**

**HANDOUT 2-SLEEP HYGEINE**

1. If you are having difficulty sleeping, get up and have some milk or a banana. They have the amino acid, tryptophan. Tryptophan is a safe and reasonably effective sleep aid, probably due to its ability to increase brain levels of serotonin (a calming neurotransmitter when present in moderate levels) and/or melatonin (a sleep-inducing hormone secreted by the pineal gland in response to darkness or low light levels).
2. Your sleeping room should be cool and dark. Block out light from blinds or windows with towels and close curtains.
3. Use a fan if necessary to ventilate the bedroom for more comfortable sleeping.
4. Do your exercising in the late afternoon. This will help prevent napping in the afternoon. It may have the added benefit of getting you in some outside light.
5. Do not rest a lot. Getting too much rest will not allow you to sleep well.
6. All disturbances such as TV, computers, phones, and pets interfere with sleep and should not be in the bedroom.
7. If you cannot sleep, take a warm bath and read something soothing, not anything that is exciting and stimulating for your brain. You need to be relaxed to sleep well. Practicing a relaxing meditation can help.
8. Avoid caffeine at bedtime, including coffee, tea, soda, and chocolate.

**APPENDIX-1**

**FEEDBACK- SLEEP STUDY**

The purpose of this evaluation form is to get appropriate feedback to maximize the impact of our sleep education program. Your participation is voluntary. The responses from this survey will be confidential. Thank You

1. Name ------------------

2. What is your age? -------------------

3. What is your gender? -------------------

* 1. What is your education level?
		1. High School Graduate Partial High School College education Partial College Education
		2. Certification .

Professional Degree (Master’s Degree or higher) .

* 1. Race



Caucasian African American American Indian or Alaskan Native

Native Hawaiian or other Pacific Islander Other

* 1. Ethnicity

Hispanic or Latino Not Hispanic or Latino

**For the next several questions please chose the appropriate box**

* 1. Which of the following did you try to implement?

Exercise Light Sleep hygiene

* 1. Did any of the interventions improve your loved one’s sleep? If yes, please check which one: Exercise Light Sleep hygiene
	2. How important was the goal-setting to the overall program?

Very important Somewhat important Not important

* 1. Do you think that the duration of the program was appropriate for the material presented?



Disagree Agree Neutral

11 Please tell us what, if anything, you learned from the program that you anticipate continuing with going forward?

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1. Do you think we should offer this program to other caregivers?

Yes Maybe/Not sure No

1. How can the educational program be improved (please critique any aspect of the program you think is important including program material, program delivery, phone calls, etc.)?

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# THANK YOU

## APPENDIX-2

**PROGRAM FLOWCHART**

