

Sleep

How Much Sleep?

Research shows that sleep is essential at any age. Adults should generally get between 7-9 hours of sleep per night. Below you will find the specific recommendations for the various age groups. In each of these groups, sleeping an hour more or less than the recommended range is acceptable.



	Age Range	Recommended Hours of Sleep
Newborn	0-3 months	14-17 hours
Infant	4-11 months	12-15 hours
Toddler	1-2 years	11-14 hours
Preschool	3-5 years	10-13 hours
School-Age	6-13 years	9-11 hours
Teen	14-17 years	8-10 hours
Young Adult	18-25 years	7-9 hours
Adult	26-64 years	7-9 hours
Older Adult	65+	7-8 hours

National Sleep Foundation, 2020

Tips for Better Sleep

- Set a time to go to sleep and wake-up
- Choose a comfortable mattress and bedding
- Avoid excessive exposure to light (keep room dark/dim)
- Find an ideal temperature (60-67 degrees recommended)
- Disconnect from devices at least 30 min before bedtime
- When napping do so in the early afternoon (no more than 20 minutes)
- Avoid drinking water close to bedtime to prevent having to wake up
- If unable to fall asleep in 20 minutes, engage in a relaxing activity with low light
- Avoid caffeine later in the day to avoid being able to fall asleep
- Designate your bed for sleeping avoid doing work
- Wash or change your bed sheets weekly



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7-Day Challenge

Complete the daily challenge and fill out the sleep log in the morning and at night.

- Day 1: Set a daily time to go to bed/wake up: bedtime _____ wake up _____
- Day 2: Wash bedding (sheets, pillow covers, and blankets)
- Day 3: Take a relaxing bath before bedtime (dim lights, candles, soothing music)
- Day 4: Avoid screen time 30 minutes before bed (phone, tablet, computer, TV)
- Day 5: Make your bed first thing in the morning
- Day 6: Avoid caffeine after noon
- Day 7: Take a 10-20 minute nap around midday

Complete in the MORNING

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I went to bed last night at:							
I woke up this morning at:							
Total hours of sleep:							
I fell asleep easily last night:	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
I felt rested when I woke up:	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

Complete at NIGHT

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I consumed caffeine (if so, list what time)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
I exercised at least 20 min (if so, list what time)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
I took a nap (if so, list for how long)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

