Sleep Your Way to a Better, Healthier You
Participant Packet
Sleep Your Way to a Better, Healthier You

OVERVIEW

“Not only does sleep consume a third of human existence, but unhealthy sleep can also severely impair the other two-thirds.” William C. Dement

Sleep, like nutrition, is a critical factor of health and well-being. Although we spend nearly one third of our lives asleep, the science of sleep is a relatively new field and little is known about why we sleep. As a society, we place very little value on sleep and in our busy, fast paced lives; sleep can feel like a pesky, time consuming nuisance. As a result, Americans are chronically sleep deprived.

In this workshop you will learn that by obtaining adequate sleep and treating sleep disorders you can improve health, productivity, quality of life, and reduce accidents on roads and in the workplace.

Learning Objectives

- Understand why sleep is important to our health and safety
- Assess individual sleep need
- Identify tactics to reduce the risk of drowsy driving
- Learn to improve your sleep habits
- Recognize risk factors and symptoms of Insomnia and Obstructive Sleep Apnea

Agenda:

- Welcome
- Exercise: Why Should You Care about Sleep?
- Exercise: Evaluate Your Personal Sleep Need
- Misperceptions about sleep need
- Consequences of sleep loss
- Exercise: Stanford Sleepiness Scale
- Drowsiness is Red Alert
- Most common causes of sleep loss
- Essentials of good sleep habits
- Exercise: How do Your Sleep Habits Compare?
- Sleep Disorders
  - Insomnia
  - Obstructive Sleep Apnea
- Resources
- Wrap Up

Seminar Length: Approximately 1 hour
Sleep Your Way to a Better, Healthier You

Agenda

- Why should you care about sleep?
- Misperceptions about sleep need
- Consequences of sleep loss
- Most common causes of sleep loss
- Essential of good sleep habits
- Sleep Disorders: Insomnia & Sleep Apnea
- Resources
Why should you care about sleep?

How could getting more or better sleep improve your life?

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Why Should You Care About Sleep?

The results of sleep deprivation, whether caused by an untreated sleep disorder or not obtaining enough sleep at night may surprise you. Answer True or False in the space provided for each of the questions below.

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<thead>
<tr>
<th>Sleep loss caused by an untreated sleep disorder or insufficient sleep may lead to...</th>
<th>True or False?</th>
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<tbody>
<tr>
<td>Heart attack</td>
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<td>Type II diabetes</td>
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<td>High blood pressure</td>
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<td>Psychiatric problems such as depression and other mood disorders</td>
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<td>Obesity</td>
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<td>Irregular heartbeats (cardiac dysrhythmias)</td>
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<td>Stroke</td>
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<tr>
<td>Increased risk of motor vehicle accident</td>
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<tr>
<td>Coronary heart disease</td>
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<tr>
<td>Memory and cognitive problems</td>
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<tr>
<td>Increased mortality risk</td>
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<tr>
<td>Sudden death due to serious heart irregularities (cardiac arrhythmia)</td>
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Why Should You Care about Sleep?

Why should you care about sleep?

- Sleep loss makes you have a slower metabolism and increases your hunger — Annals of Internal Medicine 2004
- Lack of sleep makes you less able to make new memories — Nature Neuroscience 2007
- Sleep loss leads to shorter life span — Archives of General Psychiatry 2002
- Sleep loss makes you appear less healthy and less attractive — British Medical Journal 2010

How Much Sleep Do You Really Need?

- Most people need 7-9 hours of sleep
- Very rare to need fewer than 6 hours of sleep
- Very rare to need more than 10 hours of sleep
How much sleep do you get during the week?

How much sleep do you get on the weekend?
Evaluate Your Personal Sleep Need

“When total nightly sleep is reduced by exactly the same amount each night for several consecutive nights, the tendency to fall asleep in the daytime becomes progressively stronger each day, and performance is often compromised as a result.” – William C. Dement

A good indicator that you are not achieving your daily sleep requirement is if you consistently sleep more when given the opportunity, such as vacations and weekends. Answer the questions below to assess whether you are obtaining enough sleep during the week or if you are increasing sleep debt.

1. What time do you usually get into bed to sleep on week nights? _____ am/ pm
2. What time do you usually get out of bed on week mornings? _____ am/ pm
3. On average, how much sleep do you get on week nights? _____ hours _____ minutes
4. What time do you usually get into bed on weekend nights? _____ am/ pm
5. What time do you usually get out of bed on weekend mornings? _____ am/ pm
6. On average, how much sleep do you get on weekend nights? _____ hours _____ minutes

Identifying your individual sleep need is the first step towards reducing your sleep debt. If you routinely “catch up” on sleep when you have a free morning, begin extending your nightly sleep by fifteen minutes or half an hour a week until you no longer feel compelled to sleep in on over the weekend. Monitoring how you feel during the daytime is also a key element in this exercise.
Misperceptions about Sleep Need

How much sleep do most Americans typically get?

- Weekday
- Weekend

2005 NSF Sleep in America Poll

Misperceptions about Sleep Need

Only HALF regularly get a good night’s sleep

2005 NSF Sleep in America Poll
Misperceptions about Sleep Need

And only HALF think that bad sleep impacts their daytime activities

Those reporting the negative impact of sleep on daytime activities...

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<tr>
<th>SEVERE</th>
<th>NONE</th>
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<td>6%</td>
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<td>13%</td>
<td>20%</td>
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<td>53%</td>
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2005 NSF Sleep in America Poll

Real Consequences of Sleep Loss

Real Consequences:
Sleep Loss Leads to Increased Health Risks

- Too little sleep or poor sleep quality can lead to Type II diabetes
- Short sleep duration is associated with obesity
- Sleep disordered breathing (sleep apnea) leads to increased risk for hypertension, stroke, coronary heart disease, and irregular heartbeats
Real Consequences of Sleep Loss

Real Consequences:
Falling Asleep at the Wheel is Deadly

• Each year in the U.S., drowsy driving is responsible for at least:
  – 100,000 automobile crashes
  – 71,000 injuries and 1,550 deaths
  – $50 billion dollars in associated costs

• Drowsy driving accidents are typified by:
  – Solo drivers
  – No indication of braking
  – Occurring in the early afternoon or pre-dawn hours

• These accidents are disproportionately fatal

Real Consequences:
Drowsy Driving – Risk Factors

• Multiple jobs
• Working more than 60 hours per week
• Sleeping less than 6 hours per night
• Having an untreated sleep disorder
• Alcohol use
• Monotonous roads

*Drowsiness is Red Alert*
Real Consequences of Sleep Loss

Real Consequences:
Sleep Loss Leads to a Lower Quality of Life

People who sleep poorly are LESS likely to:
- Exercise
- Engage in leisure activities
- Work well and efficiently
- Eat healthily
- Have sex

People who sleep well are MORE likely to do these same activities

2009 NSF Sleep in America Poll
The Stanford Sleepiness Scale
An Introspective Measure of Sleepiness

This is a quick way to assess how alert you are feeling. After sitting quietly for a minute or two, review the list below and circle the number that best matches your current degree of sleepiness.

<table>
<thead>
<tr>
<th>Degree of Sleepiness</th>
<th>Scale Rating</th>
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<tbody>
<tr>
<td>Feeling active, vital, alert, or wide awake</td>
<td>1</td>
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<tr>
<td>Functioning at high levels, but not at peak; able to concentrate</td>
<td>2</td>
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<tr>
<td>Awake, but relaxed; responsive but not fully alert</td>
<td>3</td>
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<tr>
<td>Somewhat foggy, let down</td>
<td>4</td>
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<tr>
<td>Foggy; losing interest in remaining awake; slowed down</td>
<td>5</td>
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<tr>
<td>Sleepy, woozy, fighting sleep; prefer to lie down</td>
<td>6</td>
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<tr>
<td>No longer fighting sleep, sleep onset soon; having dream-like thoughts</td>
<td>7</td>
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Real Consequences of Sleep Loss

Sleepiness is as Dangerous as Drunkenness

<table>
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<tr>
<th>Stanford Sleepiness Scale</th>
<th>Equivalent Blood Alcohol Content</th>
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<td>2</td>
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<td>6</td>
<td>0.08</td>
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<tr>
<td>7</td>
<td>0.09</td>
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Real Consequences:
Lower Productivity & Increased Accidents

- 29% of those polled fell asleep or became very sleepy at work and 26% would nap if allowed
- These sleepy individuals were apt to:
  - Avoid interactions with co-workers
  - Become impatient with others
  - Have trouble organizing their work
  - Find it difficult to concentrate

2008 NSF Sleep in America Poll
Real Consequences of Sleep Loss

Sleep Loss Can Be Deadly

Most Common Causes of Sleep Loss

- Insufficient time to sleep
- Poor sleep habits
- Untreated sleep disorders
  - Insomnia
  - Sleep apnea
Most Common Causes of Sleep Loss

Sleep is often regarded as a luxury and is reduced due to:

- work or school
- family obligations
- other demands

_Losing one hour of sleep several nights in a row leads to the same level of impairment as missing an entire night of sleep._

Sleep Debt

- Habitual insufficient sleep leads to sleep debt
- Sleep debt causes progressively negative impairment
  - Health problems
  - Cognitive deficits
  - Decreased quality of life
- Sleep debt is reversed over time by obtaining extra sleep
Most Common Causes of Sleep Loss

Most Common Causes of Sleep Loss: Poor Sleep Habits

Include...
- Irregular bed and wake times
- Interrupting sleep with work or worries
- Over stimulating ourselves with late-night activities such as television

Essentials of Good Sleep Habits

Essentials of Good Sleep Habits:

Healthy Habits
- Exercise regularly
- Healthy diet
- Get some sun

Good Sleep Environment
- Comfortable room temperature and good ventilation
- Comfortable mattress and bedding
- Reserve the bed for sleep and sex
- Block out noise and light
Essentials of Good Sleep Habits

Pre-bedtime Habits
- Stick to a sleep schedule
- Establish a pre-sleep ritual whatever works with your routine
  - Brush your teeth, write in your diary, read a book for 30 minutes, do yoga – make it something you can do every night, whether at home or away

Still not sleeping...
- Don't take your worries to bed
- Don't lie in bed awake
- Hide your clock
See a doctor if you continue to have trouble sleeping

Effective Napping

- Napping can help reduce sleep debt
- To avoid waking up groggy, naps should be shorter than 45 minutes
- Easiest to nap in the early afternoon
- Napping is not advised for people with difficulty falling or staying asleep at night
Examples of healthy sleep habits

What could you do to improve your sleep habits?
Sleep Hygiene Tips

Daytime Behavior:
- Avoid caffeine within 6 hours; alcohol and smoking within 3 hours of bedtime
- Exercise regularly; avoid vigorous exercise within 2 hours of bedtime
- Avoid naps late in the afternoon and evening
- Try to reduce stress in your life by changing the things that cause stress. It may help to designate another time to write down problems and possible solutions in the late afternoon or early evening, not close to bedtime.
- Daylight is key to regulating daily sleep patterns. Try to get outside in natural sunlight for at least 30 minutes each day.

Bedtime Behavior:
- Maintain a regular bedtime and awakening time schedule including weekends. Get up about the same time every day, regardless of what time you fell asleep.
- Avoid stressful or stimulating activities before bedtime such as paying bills or playing engaging video games.
- Avoid heavy meals and/or a lot of liquid intake close to bedtime. Finish eating at least 2 to 3 hours prior to your regular bedtime.
- Establish a regular, relaxing bedtime routine. Relaxing rituals prior to bedtime many include a warm bath or shower, aroma therapy, reading, or listening to soothing music.
- Ensure that your room is dark, quiet, comfortable, and cool with good ventilation; sleep on comfortable mattress and bedding.
- Use your bedroom only for sleep and sex. Have work materials, computers, and TVs in another room.
- Try not to focus on falling asleep. Avoid watching the clock, if necessary, turn your clock around or put it out of sight.
- After 10-15 minutes of not being able to get to sleep, go to another room to read or watch TV until sleepy.
How Do Your Sleep Habits Compare?

List 5-10 changes that you could make to your daily routine to improve your own sleep habits. Be sure to consider current behaviors that negatively impact your ability to obtain quality sleep as well as new activities that may consolidate your sleep.

What poor sleep habits do you have?

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3. 
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What could you do to improve your sleep hygiene?

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2. 
3. 
4. 
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8. 
Most Common Causes of Sleep Loss: Sleep Disorders

**Insomnia**

*Definition:* Routine or cyclic difficulty initiating or maintaining sleep, getting up too early, or have non-refreshing sleep

- 30-40% of adults have some form of insomnia
- 10-15% have chronic or severe insomnia
- *Risk factors:* being female, being older than 65, having odd work hours

**Sleep Apnea**

*Definition:* A condition in which sleep is associated with repeated (five or more per hour) collapse or partial collapse of the airway; often accompanied by daytime sleepiness and poor sleep quality

*Main Signs:* Snoring and day time fatigue
- Not all snoring is sleep apnea
- *Not snoring* does not mean you don’t have sleep apnea
- Occurs in approximately 9% of adult women and 24% of adult men, although most are unaware they have the disease
Most Common Causes of Sleep Loss: Sleep Disorders

Sleep Apnea – Risk Factors

- Family history
- Obesity
- Being male
- Increasing in age (large increase in post-menopausal women)
- Large tonsils/adenoids (especially in children)
- Small jaw or jaw that is set back
- Use of alcohol or sedative medications

Conclusion

Conclusion – You Can’t Cheat Sleep

- Sleep and sleep loss have real world medical and social consequences.
- Make sleep a priority! Cultivate good sleep habits.
- Sleep disorders are treatable – Some can be resolved through behavior changes, others require an evaluation by a sleep specialist and possible medical intervention
- You can’t cheat sleep, if you don’t get enough, you risk your health and well-being.
For More Information

American Academy of Sleep Medicine Educational Outreach
www.sleepeducation.com

American Academy of Sleep Medicine Accredited Sleep Labs
www.sleepcenters.org

National Sleep Foundation
www.sleepfoundation.org

Stanford University Educational Outreach
www.end-your-sleep-deprivation.com
Common Sleep Disorders

Sleep is one of the most important needs our bodies have. It allows us to rest, recover and even process information so that we can be fresh for the next day’s challenges. When some type of disorder disrupts your sleep, it can have serious effects on your health and wellbeing, especially in the long-term.

There are 81 unique sleep disorders listed in International Classification of Sleep Disorders (ICSD), many of which are rare or secondary to other medical conditions. However, there are a number of common sleep disorders which are routinely undiagnosed or misdiagnosed. That means the majority of those who suffer from the disorders do not know they have the disease and remain untreated. The three most prevalent sleep disorders are Obstructive Sleep Apnea, Insomnia and Restless Legs Syndrome.

Obstructive Sleep Apnea

Obstructive sleep apnea (OSA) is a condition in which breathing stops repeatedly during sleep because the airway completely or partially collapses. When the airway is partially blocked, it creates a negative pressure, which causes the soft tissues of the palate to vibrate, resulting in snoring. When the airway is blocked long enough, the oxygen levels in the body drop causing the person to wake up enough to begin breathing normally again. These awakenings are often very brief, sometimes only a few seconds. This pattern repeats during the night, and someone with severe sleep apnea may wake up hundreds of times each night. Even though the awakenings are usually so short the sleeper may have no memory of ever being awake, they still break the sleep cycle. This sleep fragmentation can cause significant levels of daytime fatigue, which is a common symptom of sleep apnea.

Common symptoms of sleep apnea in adults may include:

- Observed apneas (pauses in breathing)
- Daytime fatigue and/or sleepiness
- Snoring
- Choking or gasping during sleep
- Morning headaches
- Dry mouth/sore throat in morning
- Insomnia
- Poor concentration and attention
- Memory problems
- Anxiety
- Irritability
- Parasomnias such as sleep walking or night terrors

The textbook obstructive sleep apnea patient is a middle aged, obese male; however anyone can be affected by sleep apnea including children. Sleep apnea symptoms can vary from person to person and have different levels of severity.
OSA impacts approximately 24% of adult men and 9% of adult women. Risk factors include:

- Excess weight
- Neck circumference greater than 17 inches (43 centimeters) for men and 15 inches (38 centimeters) for women
- Positive family history
- Narrowed airway
- Smoking
- Use of alcohol, sedatives or tranquilizers
- High blood pressure (hypertension)
- Chronic nasal congestion
- Diabetes
- Being male
- Being Black, Latino or a Pacific Islander
- Being older (particularly older than 65)
- Menopause
- Swollen tonsils or adenoids (particularly in children)

Sleep apnea requires an overnight sleep test for diagnosis. During the evaluation, breathing is carefully monitored and the number of abnormal events per hour of sleep is determined in order to assess severity. Mild sleep apnea is 10 episodes per hour of sleep. This means that a person with even the mildest form of obstructive sleep apnea is waking every 6 minutes throughout the night!

The most effective treatment for sleep apnea is continuous positive airway pressure (CPAP). CPAP is a mask that is worn over the nose while sleeping that is connected by a tube to a small machine which delivers a positive air pressure. This air pressure gently supports the airway and prevents it from collapsing. Other treatment options include sleep surgery and oral appliance. It is important to discuss the treatment options with your sleep care provider to determine which the best option for you is.

**Insomnia**

Almost everybody has experienced difficulty sleeping, whether caused by jet lag, stress, or illness. However, persistent Insomnia is a complex sleep disorder which is characterized by difficulty getting to sleep or staying asleep, or having non-refreshing sleep for at least 1 month that results in daytime complaints. Daytime symptoms can include decreased quality of life, mood problems, cognitive impairment (such as concentration or memory problems), fatigue, or anxiety about sleep. Typically Insomnia is classified by duration:

- Transient Insomnia - Less than one month
- Short-term Insomnia – Between one and six months
- Chronic Insomnia – More than six months
Insomnia is extremely common, approximately 60 million Americans a year experience insomnia for extended periods of time. Risk factors and causes may include:

- Being a woman
- Being over age 60
- Having a mental health disorder such as depression, anxiety, bipolar disorder and post-traumatic stress disorder
- Being under a lot of stress
- Working night or changing shifts
- Traveling long distances
- Drinking alcohol
- Drinking coffee

Often a multi-factored approach involving behavior therapies and medication is used to treat Insomnia. Behavior therapies such as sleep hygiene are typically the first line of treatment. Cognitive behavioral therapy (CBT) is another non-pharmacological option. CBT involves several components such as stimulus control, sleep restriction and light therapy that are tailored to the patient’s individual needs. It works by modifying sleep behaviors to improve sleep habits and eliminate factors that exacerbate insomnia symptoms. Refer to the Sleep Hygiene Tips section for examples of good sleep habits.

If modifying behavior does not alleviate the insomnia symptoms, your doctor may prescribe sleeping pills or medications such as benzodiazepines. Most sleeping pills stop working after several weeks of nightly use, however, and long-term use can actually interfere with good sleep.

**Restless Legs Syndrome (RLS)**

Restless leg syndrome (RLS) is a neurological disorder in which there is an urge or need to move the legs to stop unpleasant or tingling sensations. It is about twice more common in women and increases with aging.

The following symptoms are characteristic of RLS:

- A strong urge to move the legs, which may be irresistible.
- Uncomfortable sensations in the legs often described as painful, creeping, itching, or burning.
- RLS symptoms typically begin or become worse when inactive.
- RLS symptoms are worse in the evening especially when lying down.
- RLS symptoms get better when the patient move the legs.
- RLS can lead to difficulty falling or staying asleep which is often one of the chief complaints of the syndrome.

Risk factors for RLS may include:

- Peripheral neuropathy
- Pregnancy
- Chronic kidney disease
- Parkinson's disease
- Iron deficiency
- Use of certain medications

While there is no known cure for RLS, there are pharmacological and behavioral treatments that can reduce or alleviate the symptoms. Most people with RLS find that the motion provides relief, though it's temporary in nature. Physical activity such as walking, riding a bike, doing yoga or stretching can provide relief. Continuous, fast up-and-down movements of the legs, may also relieve the sensations without having to walk. Changing diet or medications can also improve symptoms; for example eliminating alcohol or caffeine, taking iron and vitamin supplementation (especially if anemic), eliminating medications that can make RLS worse (such as antihistamines or antidepressants). The Restless Legs Foundation is a valuable resource for patient education and support.

**Being Evaluated for a Sleep Disorder**

If you or someone you know has a sleep problem that is interfering with daily living, help is just a phone call away.

The first step is to contact your primary care physician to discuss your symptoms and assess whether or not you need to be referred to a sleep disorders center. It may be helpful to bring the materials in this packet with you to your appointment to share with your doctor.

Sleep labs are specialized facilities that perform tests to determine if you have a sleep disorder and to recommend the most appropriate methods of treatment.

There are thousands of sleep centers in the United States with Sleep Specialists trained to diagnose and treat sleep disorders. For a comprehensive list of sleep labs accredited by the American Academy of Sleep Medicine (AASM), visit [http://www.sleepcenters.org/index.aspx](http://www.sleepcenters.org/index.aspx).
Common Sleep Myths

If You Reduce Your Sleep by One Hour a Night, Your Body Will Adjust and You Will Learn to Function Normally

*False!* A "sleep debt" of one hour can add up over time, affecting memory and concentration. Habitually obtaining insufficient sleep has the same negative consequences as missing an entire night of sleep.

Lunch or a Big Meal Makes You Drowsy

*False!* Breakfast doesn’t make you sleepy, why should lunch? Everybody has a natural dip in their energy levels in the early afternoon related to the normal internal body clock. If you carry a large sleep debt, this “post prandial dip” can make you sleepy, especially when combined with a heavy meal.

Snoring is Normal

*False!* Snoring is a sign that your airway is partially blocked. Frequent snoring can indicate obstructive sleep apnea, a serious sleep disorder. If you are a frequent, loud snorer, see your doctor about being assessed for sleep apnea. Treatments are available and you (and your partner) will have more energy during the day.

Older People Need Less Sleep

*False!* Older people need the same amount of sleep as everyone else, the average being 7 to 9 hours per night. Often older people have more difficulty obtaining consolidated sleep due to medication side effects, illness, or pain. Unfortunately, because of this myth, many older people do not seek help for their sleep problems.

Being Able to Sleep Anywhere Anytime Means You Are a Great Sleeper

*False!* Falling asleep the moment your head hits the pillow or sleeping at inappropriate times or places means you are pathologically sleepy. If you are chronically sleep deprived despite getting 7-9 hours of sleep a night, you may have a sleep disorder and should see your doctor to discuss your fatigue level.

Turning Up the Radio, Opening the Window, or Turning on the Air Conditioner are Effective Ways to Stay Awake When Driving

*False!* If you’re feeling tired while driving, the best thing to do is to pull off the road in a safe rest area and take a nap for 15-45 minutes. Caffeinated beverages can help overcome drowsiness for a short period of time. However, it takes about 30 minutes before the effects are felt. The best prevention for drowsy driving is a good night’s sleep the night before your trip.
Resources

Websites

American Academy of Sleep Medicine Educational Outreach
www.sleepeducation.com

National Sleep Foundation
www.sleepfoundation.org

Stanford University Educational Outreach
www.end-your-sleep-deprivation.com

American Academy of Sleep Medicine Accredited Sleep Labs
http://www.sleepcenters.org/

American Sleep Apnea Association (ASAA)
http://www.sleepapnea.org/

Restless Legs Syndrome Foundation
http://www.rls.org/

National Institutes of Health National Center on Sleep Disorders Research
http://www.nhlbi.nih.gov/about/ncsdr/

Books

The Promise of Sleep: A Pioneer in Sleep Medicine Explores the Vital Connection Between Health, Happiness, and a Good Night’s Sleep by William C. Dement and Christopher Vaughan (Mar 7, 2000)

Understanding Sleep and Dreaming by William H. Moorcroft and P. Belcher (Jul 15, 2005)

The content for this seminar is provided by The Sleep Well Society, founded Dr. William C. Dement who is the leading authority on sleep disorders and the dangers of sleep deprivation. The Sleep Well Society’s mission is to reach a broad range of audiences with educational materials to provide motivation for individuals to eliminate sleep deprivation thereby improving their health and their work performance. www.end-your-sleep-deprivation.com
Seminar Evaluation Form

CONCERN: Employee Assistance Program

Please fill out and return to presenter or HR Representative. Your feedback is very important to us. Thank you!

Seminar Title  Sleep Your Way to a Better, Healthier You          Date: __________________

Company: _____________________________  Presenter: ______________________________

<table>
<thead>
<tr>
<th>Regarding the Seminar</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<td>5. How would you rate this seminar overall?</td>
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Additional Comments

1. What would you recommend to make this seminar more effective? ____________________________________________
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2. What part of the seminar did you find most helpful? ____________________________________________
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3. Additional comments/suggestions for speaker’s improvement? ______________________________________
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Thank you for your feedback.