

# FEELING STRESSED IS OPTIONAL

## Behavior Change: Sleep

*What sleep-related behavior would you like to change?*

*Identify your current stage in changing the behavior you identified above and circle your answer:*

1. *Precontemplation*
2. *Contemplation*
3. *Preparation*
4. *Action*
5. *Maintenance*

*If you are not at least at stage 3, do the thought work necessary to get there.*

*On a scale of 1-10, how confident are you that you can make the desired change? Circle your answer.*

1 2 3 4 5 6 7 8 9 10

*On a scale of 1-10, how important is it to you to make the change? Circle your answer.*

1 2 3 4 5 6 7 8 9 10

*If you scored lower than 7 for either confidence or importance, do the thought work needed to score higher.*

*If you scored a 7 or above, you're ready to set your CALMER goals.*

*What are your CALMER goals?*