

COMPANION KIT · CHAPTER 13

My Sleep & Stress Toolkit

A 2-week plan, a practical checklist and a daily diary for sleep and stress, with a page to prepare for a sleep appointment and a page to review how it went. Print it, or fill it in on screen.

Start
Read the safety notes on the first page.

Track
Follow the plan and fill in the diary each day.

Review
Use the last page to decide what to do next.

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My Sleep & Stress Toolkit

For adults. General information and diary pages to use alongside advice from your own doctor, nurse or pharmacist. Never stop or change a prescribed medicine without the prescriber's agreement. Read the safety page before using this workbook.

SLEEPINESS AND BREATHING NEED ASSESSMENT

Breathing pauses, gasping/choking at night and persistent daytime tiredness need a doctor. Never drive or operate machinery while sleepy. Do not assume tablets will solve possible sleep apnoea.

SLEEP RESTRICTION NEEDS SUPPORT

This workbook does not prescribe sleep restriction, time in bed or a sleep-efficiency algorithm. CBT-I needs knowledgeable support, particularly with driving/machinery work, bipolar/mania risk, poorly controlled epilepsy or marked daytime sleepiness.

MEDICINES NEED INDIVIDUAL REVIEW

Discuss sleep aids, melatonin, alcohol and other medicines with a doctor/pharmacist. Do not stop prescribed sleeping tablets suddenly. Follow drowsiness, driving and duration warnings; sleep hygiene alone is not treatment for chronic insomnia.

MENTAL HEALTH AND GUT WARNINGS

Seek urgent help for self-harm thoughts; emergency help if unable to stay safe. Blood/black stool, unexplained weight loss or night-waking gut pain need assessment. Stop breathing/mindfulness if it worsens distress; use external grounding instead.

My main question / professional already involved

A 2-week plan

HOW TO USE THIS PLAN

Choose the steps that suit you. You do not need to do all of them.

Days 1–3 · Record without calculating

Note bed/wake times, waking, naps and quality. Choose a realistic consistent wake time, including weekends, without deliberately restricting sleep.

Days 4–7 · Make evenings simpler

Observe caffeine timing, an earlier evening meal and a quiet screen-free pre-bed hour. Use the chapter's timing suggestions flexibly, not as a guarantee.

Days 8–14 · Daytime movement and a pause

Try suitable daytime activity and a gentle pause if comfortable. If evening activity disrupts sleep, move it earlier; a gentle stroll is different from a hard workout. Do not use alcohol as a sleep aid.

Day 15 · Prepare for the right help

If sleep remains poor, discuss CBT-I and possible causes with a clinician. Review stress support. Sleep duration and symptoms vary; no compulsory eight-hour score is used.

The one step I choose first

Review date and who I will contact if needed

My practical checklist

Tick what you have done and note what to do next.

- [ ] I get up at the same time every day, weekends included
- [ ] I relax for an hour before bed, with screens away
- [ ] I have no caffeine after midday, or at least 6 hours before bed
- [ ] I keep alcohol low and do not use it to help me sleep
- [ ] I finish my evening meal about 3 hours before bed
- [ ] I move on most days, but not in the 4 hours before bed
- [ ] I take a short daily pause for slow breathing or mindfulness
- [ ] I have checked the warning signs, and asked about CBT for insomnia if poor sleep has lasted months
- [ ] I have checked any sleep aid or melatonin with a pharmacist or doctor, and do not use pharmacy aids for more than 2 weeks
- [ ] I keep a sleep and stress diary and reviewed it on day 15

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Last night

Date and day of the plan

Time to bed and time up

Sleep quality (0 to 10, 10 is best)

Times I woke, and naps

Notes: what helped, what made it worse, what to ask my doctor

Today

Stress (0 to 10, 10 is worst)

Caffeine (what and when)

Alcohol (what and when)

Time of last meal

Gut symptoms (pain, bloating, bowel changes; 0 to 10)

Steps practised

Fixed wake-up time

Screens away an hour before bed

Walk or exercise (minutes)

Slow breathing or mindful pause

Sleep aid or medicine (name and dose)

Overview · days 1–14

A short summary of your diary. Leave a gap on days you do not record.

Scores are your own notes. A pattern here cannot show a food intolerance, a medicine effect or an IBS type.

Day / date	Bed / up times	Sleep quality 10 = best	Stress 10 = worst	Waking / context
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

What helped, what was difficult, and what else might explain a change?

Sleep appointment preparation

Notes about your sleep to bring to your appointment.

How long and how much impact?

Start date, typical night, daytime function and what has changed.

Breathing and sleepiness

Observed pauses/gasping, naps, driving or machinery responsibilities.

Medicines, aids and context

Prescriptions, OTC products, caffeine, alcohol, shift work and health conditions.

What I have tried

Routine changes and response, without calculating sleep restriction.

Questions about care

Could I have apnoea or another cause? Is supported CBT-I suitable? Agreed review.

Review and next steps

Warning signs always need earlier care.

What changed, if anything?

Compare similar days and note gaps; no improvement is also useful information.

What might explain it?

Food, stress, sleep, medicines, timing and natural variation may overlap.

What I will keep or stop recording

Choose a manageable routine; stop burdensome tracking or a practice that causes distress.

What needs a professional conversation?

Questions, care contact, agreed action and follow-up date.