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The four cards

From Better Nights / Better Next Days

Full-page cards first, then the same cards two to a page (A5) for the fridge, the bedside table or your bag.

Put the Rough Morning Card where you'll see it at 6 a.m., the 3 a.m. Card by the bed and the Get Help Card on the fridge.

Please read this first. General education and practical planning, not medical advice. If you're sleepy, don't drive or do safety-critical work. If anything on the Get Help Card fits you, book an appointment now; you don't need to finish the 30-day plan first. In an emergency, call your local emergency number.



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Rough Morning Card

Change the day before you change the dose.

1. **Sleepy? Don't drive and don't do safety-critical work.** Use your lift, other transport, a task swap or a delay. If sleepiness starts on the road, stop somewhere safe. Coffee, a nap or feeling better doesn't make it safe to carry on.
2. **Shrink the one task that matters most.** Defer it, hand it over, simplify it or get it checked, and confirm who's doing what. A check doesn't make hazardous work safe while you're sleepy.
3. **Then, if you like, use an aid.** Your usual coffee at your usual time. A planned nap only with cover and time to come round afterwards. A quiet break.
4. **Keep the rest ordinary.** Normal meals, fluids that suit your needs, a walk if it suits you. No recovery product needed.
5. **Protect tonight.** Decide what waits until tomorrow, set your finishing time and name who handles anything urgent. There's no exact sleep debt to repay.
6. **Most mornings like this?** See the Get Help Card.

My alternative / Plan B:

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3 a.m. Card

Keep the night small. Tomorrow is already planned.

1. **Deal with any real need.** Bathroom, comfort, someone who needs you. Keep enough light to move safely.
2. **Don't read the clock like a diagnosis.** The time is not a diagnosis. The pattern and any other symptoms belong in your appointment note, not in a 3 a.m. search.
3. **Comfortable and drowsy? Leave it alone.** Nothing to fix, nothing to score.
4. **Awake and frustrated? Change something quietly.** If it's safe, get up, do something calm in dim but adequate light, and come back when sleepy. No stopwatch. If getting up risks a fall or leaves someone uncovered, choose a quiet option in bed. **Already in treatment for insomnia, such as CBT-I? Follow your clinician's instructions, not this step.**
5. **Park the thought.** One line, then let it go.
6. **Leave tomorrow to the Rough Morning Card.** If this is happening most nights, see the Get Help Card. Rest is still worth having, even when sleep won't come.

My quiet option, and where I can do it safely:

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Good Morning Card

A good night is capacity, not permission.

1. **Check how you actually feel.** Still sleepy? Use the Rough Morning Card. A long night or a high score doesn't overrule actual sleepiness or certify you fit to drive or do hazardous work.
2. **Spend the clear head on one thing that deserves it.** The deferred review, decision or conversation. Keep the usual checks, and agree the time with anyone else involved.
3. **Train only if it's already in your plan** and fits your health, injuries and conditions. Don't use exercise to prove you're "fine", and avoid hazardous solo efforts if any sleepiness remains.
4. **Fix one future night.** Move the late call, swap an early handover or prepare an awkward morning. Name who's doing it and the Plan B.
5. **Protect tonight.** Set your finishing time before you say yes to anything extra. An ordinary, unhurried day is allowed.
6. **Good nights still rare?** If they stay rare despite enough time in bed, see the Get Help Card.

My good-morning task / future-night change / finishing time:

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Get Help Card

If it keeps happening, the next step is care, not a longer ritual.

Book an appointment with your GP or doctor if:

- trouble falling or staying asleep keeps going despite enough time in bed
- you keep waking unrefreshed, or feel exhausted most days
- tiredness or sleepiness is affecting your work, mood, relationships or safety
- weeks of poor sleep come with low mood, loss of interest or enjoyment, or anxiety that keeps building.

Get prompt assessment for:

- dozing off when you don't mean to
- loud snoring with pauses in breathing, choking or gasping
- uncomfortable leg sensations with an urge to move them.

Get urgent help now for immediate danger, an acute medical problem or a mental-health crisis: 000 (Australia), 111 (New Zealand), 911 (US and Canada), 999 or 112 (UK), 112 (EU).

Ask about CBT-I, the recommended treatment for chronic insomnia. Good habits alone are not enough for chronic insomnia.

Never change prescribed medicines, doses or equipment because of anything in this book.

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