FILLABLE TOOLKIT

Cards, worksheets and your one-page playbook

From Better Nights / Better Next Days

Type straight into the boxes on screen and save, or print and write by hand. Each day of the 30-day plan tells you which page helps; many readers only use the four cards and the one-page playbook (Worksheet 8).

Longer lists of 100 possible causes and 100 possible consequences are a separate download at betternextdays.com/toolkit.

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.

My GP / clinic and number:

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Worksheet 1: Rough Morning Plan

Your plan for the morning after a bad night. Build it in Week 1; it becomes the "Rough morning" row of your playbook.

The drive or task I won't do if I'm sleepy:

My alternative, and who has agreed to it:

My Plan B if that falls through (name and number):

The task I'll shrink first, and how (defer / hand over / simplify / get it checked):

Who needs to agree, and the message I'll send them:

My rough-day caffeine rule:

A nap or quiet break that could fit, and who covers:

Tonight: what waits, my finishing time, who handles anything urgent:

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Worksheet 2: Rest or nap

Make a break work from start to finish, including what comes after it. Day 5.

Quiet rest or a planned nap? Why?

Where, and how long the window is:

Who covers any care or work, and have they confirmed?

How it ends, and how long I need to come round before driving or anything demanding:

What mustn't depend on me being instantly alert afterwards:

Effect on tonight, and what I'll do if the plan doesn't fit today:

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Worksheet 3: Workday to evening

Give sleep more room by moving the edge of the night that can move. Days 8–10.

Tomorrow's first fixed demand, and when I really need to be up:

The work or care obligation that pushes into tonight:

What could move, stop or be shared, and who must agree:

The request I'll make, in one sentence:

Unfinished work: the next step and when I'll return to it:

My finishing time, and Plan B if something urgent comes up:

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Worksheet 4: Food, drink and timing

Notice amount and timing together. This is for observation, not a dose recommendation. Days 6 and 13.

Day, and when I planned to sleep:

What I had, roughly how much (check the label) and when:

What I noticed about alertness, comfort and the following night:

Other things that may have affected the pattern:

One small change to try, and when I'll review it:

Advice I need about sensitivity, withdrawal, medicines or health:

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Worksheet 5: Good morning

Spend a good morning on purpose and protect the next night. Days 17–18.

How I actually feel, apart from any tracker score:

The task that deserves my best thinking today, and the normal checks I'll keep:

Training or activity, if it fits my health and plans:

One future-night change I can make today, and who needs to agree:

What I won't add to this evening:

My finishing time, and what I'll do if good nights stay rare:

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Worksheet 6: Check a sleep claim

Match the evidence to the use you're being sold. A claim can be plausible and still unproven. Day 20.

The exact promise, who's making it, and the cost:

Who was studied, how many people, compared with what, for how long:

What was measured: actual sleep, a score, a lab task, or a real-world outcome:

Has anyone else found the same thing with different people?

Side effects, uncertainty, funding or conflicts of interest:

Does this answer my question? Who can advise me? Buy, wait or decline:

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Worksheet 7: Appointment note

Prepare for a useful conversation with a doctor. This is not self-diagnosis. For anything urgent, get urgent help instead. Day 23.

The main problem, how long, how often, and how much time I have for sleep:

Daytime effects, any unintended dozing, and any safety concerns:

Breathing or leg symptoms, and anything others have noticed:

Health changes, medicines, supplements, caffeine and alcohol:

What I've tried, and what helped or made things worse:

The question I most want answered:

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Worksheet 8: My one-page playbook

Your finished plan. Keep it where you'll find it at 6 a.m. Day 29.

Before the night. The change that gives me most room for sleep / who / Plan B:

Tonight. My finishing time / how I park thoughts / who handles urgent things:

During the night. My quiet 3 a.m. option:

Rough morning. The drive or task I change / my alternative / Plan B / the task I shrink:

Good morning. My first task / my future-night change / my finishing time:

Get help. The pattern that means I book an appointment / who I contact:

Review. What would make me update this page:

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Scripts for work and home

Adapt the words. Keep the structure: what needs to change, what you propose, who's doing it and the Plan B. Share only the personal information the arrangement needs, and follow your workplace's procedures.

Work: changing the risky part of the day. "I'm too tired to safely [drive / do the task] as planned. I need [transport / cover / a changed duty]. Can [name] confirm by [time]? If not, the fallback is [Plan B]."

Work: shrinking the important task. "The decision needing most care today is [item]. I propose we [defer / hand over / simplify / arrange a second check]. [Name] will [action], and we'll review at [time]. That also means [lower-priority work] moves."

Work: the advance agreement. "On days after I've had a bad night, could we agree that I [start later / swap site tasks with Jo / move approvals to the next review slot]? Then I'll just message you on the day."

Home: sharing the constraint. "The hard part is [late obligation / early care], which leaves too little room for sleep. Could you take [responsibility] on [days]? I'll take [responsibility]. Let's agree what happens if one of us can't."

Good day: fixing a future night. "I've got a clear block today for [priority]. I'd also like to sort out [late call / care gap / preparation]. I can do [task]; I'm finishing at [time]."

A continuing pattern. "This keeps happening despite [arrangement]. I think we need something different. I'd like to [see a doctor / get occupational-health advice / review workload or care], and in the meantime [interim arrangement]."

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Ten prompts: what may be disturbing my sleep?

Tick any that may apply. Think about amount, timing and circumstances; none of these is a guaranteed cause.

- [ ] **Environment.** Noise, light, heat or cold, an uncomfortable bed, an unfamiliar room.
- [ ] **People and animals.** A baby or child waking, a partner's snoring or movement, a pet on the bed.
- [ ] **Pain, discomfort or illness.** Reflux, needing to pass urine, pain, a cold, itching, cramps, hot flushes or night sweats, pregnancy discomfort.
- [ ] **Food, drink and substances.** Caffeine amount and timing, alcohol, nicotine, a large late meal or going to bed hungry.
- [ ] **Medicines and sleep-related health.** A medicine change, possible side effects, restless legs, known or suspected sleep apnoea. Talk to your clinician or pharmacist.
- [ ] **Stress and emotions.** Work, money, relationships, family worries, bad news, grief.
- [ ] **Anticipation.** Tomorrow's meeting, interview, exam, trip or deadline, or something you're excited about.
- [ ] **Activities and habits.** Late work, the phone, email in bed, stimulating television or games, hard exercise close to bedtime.
- [ ] **Timing and opportunity.** A long or late nap, sleeping in, an irregular schedule, shift work, jet lag, a daylight-saving change.
- [ ] **Interruptions and the unexplained.** Being woken unexpectedly, a nightmare, or a poor night with no clear reason.

Discuss breathing problems, persistent symptoms or medicine concerns with a clinician. Don't change prescribed treatment, or cut back on alcohol if you may be dependent, on the strength of this list.

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Ten prompts: what could follow a poor night?

Two boxes: **noticed** and **could matter**. Tick either or both. Different causes can produce similar effects, so a tick doesn't mean sleep is to blame.

- ☐ ☐ **Sleepiness and fatigue.** Heavy eyes, low energy, needing a nap, dozing off without meaning to.
- ☐ ☐ **Attention and memory.** Losing focus, missing details, forgetting, slower thinking.
- ☐ ☐ **Judgement and decisions.** Poorer risk assessment, simple mistakes, not spotting your own errors.
- ☐ ☐ **Impulse and risk-taking.** Acting without thinking, taking chances you'd usually avoid.
- ☐ ☐ **Mood and patience.** Irritability, a short fuse, feeling anxious, low or overwhelmed.
- ☐ ☐ **Relationships.** Conflict, withdrawing from people, less patience with the people you love.
- ☐ ☐ **Eating and compensation.** More snacking, cravings, extra caffeine, temptation to use other stimulants.
- ☐ ☐ **Physical performance and symptoms.** Slower reactions, poorer coordination, headache, aches.
- ☐ ☐ **Work quality and errors.** Taking longer, redoing work, communication slips.
- ☐ ☐ **Driving and safety-critical work.** Impaired driving, a near miss, a slip in a hazardous task.

If you are sleepy, don't drive or do safety-critical work, however few boxes you ticked. A low count is not clearance.

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Worksheet 9: My top causes and consequences

Up to five causes and up to five consequences, most important first. Combine similar items and add your own. Include things that need someone else's help, not just things you can change alone. Put safety, care, work and relationships first.

The next night, and the day after it, that I most want to protect:

Causes I'd most like to reduce

1.
2.
3.
4.
5.

Consequences I'd most like to prepare for

1.
2.
3.
4.
5.

Take one or two to Worksheet 10. Medical questions belong with Day 22. For an immediate rough-morning decision, use the Rough Morning Card.

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Worksheet 10: Turn a priority into a change

One sheet per priority. If both sides of the bow tie matter, write a separate change for each. Copy this page as needed; you don't need twenty new routines.

The item, and what I want to protect:

Which side? Before the night (make it less likely) or after it (change what follows)?

The specific change I'll make:

Who's doing it, and whose agreement or help I need:

When it'll be ready, and what triggers it:

What could stop it working?

My Plan B, who confirms it and how I reach them:

When I'll review it, and what would make me change or drop it:

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