NP FADY
npfady.com

Four-Week CBT-I Preparation Workbook

Prepare for a clinician-guided plan and keep track of how the days are going. This workbook does not calculate a sleep window, and no schedule is active until a clinician enters one.

Read this before you fill in anything below. Any plan that shortens time in bed needs a clinician's review first. Check every line that applies to you, then take this page to that conversation. Do not work out a sleep window on your own.

- ☐ Possible sleep apnea, or sleepiness I cannot explain
- ☐ I drive, use machinery, work at heights, or care for patients
- ☐ Bipolar disorder, or past mania or hypomania
- ☐ A seizure disorder
- ☐ Pregnant or postpartum
- ☐ Overnight caregiving
- ☐ Under 18
- ☐ Frailty, falls, memory problems, or frequent night urination
- ☐ Acting out dreams, or another parasomnia
- ☐ Night or rotating shifts
- ☐ Possible alcohol, cannabis, benzodiazepine, or sedative withdrawal

A blank screen is not medical clearance. Checking nothing does not mean a plan is safe for you. It means nothing on this particular list applied. The review still happens.

Preparing the conversation

1. **The wake time my life actually needs**

Wake time _____ Days this differs _____

2. **What has to stay flexible, and what would make a plan unsafe**

3. **Who is reviewing this with me**

Clinician or program _____ Review date _____

4. **Anything else I want this person to know before we plan**

No schedule is active until a clinician has entered one on the next page.

Education, not medical advice. Evidence and U.S. guidance checked through September 8, 2026. If you are in crisis, call or text 988 or use the 988 Lifeline chat. For an immediate threat to life or a medical emergency, call 911. Outside the United States, use your local crisis or emergency service.

This worksheet accompanies the essay *Four Weeks, Step by Step: Preparing for CBT-I With a Clinician*. Clinical review: Fady Boules, PMHNP-BC.

This page is for the clinician or program to complete. It deliberately contains no formula, threshold, floor, or adjustment rule. Protocols differ in their minimums, their thresholds, the size of each adjustment, and who they exclude, and combining pieces of two protocols creates a third one that nobody has studied.

Entered by the clinician

1 Protocol or program being used

2 Reviewed wake time and reviewed sleep opportunity

Wake time _____ Sleep opportunity _____

3 Adaptations and exclusions for this person

4 What would cause a hold, a widening, or a stop

Questions worth asking

Which days of the diary count as my baseline? What exact protocol are we using, and who was it developed for? How often is daytime function checked? Who do I contact before any change, and how quickly can I reach them?

Week	Clinician decision	Reason	Next review

Education, not medical advice. Evidence and U.S. guidance checked through September 8, 2026. If you are in crisis, call or text 988 or use the 988 Lifeline chat. For an immediate threat to life or a medical emergency, call 911. Outside the United States, use your local crisis or emergency service.

This worksheet accompanies the essay *Four Weeks, Step by Step: Preparing for CBT-I With a Clinician*. Clinical review: Fady Boules, PMHNP-BC.

Record function, not only sleep. A rough week is not automatically a reason to make the plan stricter. How the days are going is the part that decides what happens next.

Week	Alertness	Mood or behavior	Driving, or any near miss	Falls, seizures, caregiving	Clinician contact

Stop now, and stop the activity first

Worsening daytime sleepiness. A microsleep or a near miss while driving. New mood elevation or a marked change in behavior. A seizure change. A fall or new confusion. Not being able to give essential care or work safely. Acting out a dream. Worsening thoughts of suicide. Any of these ends the plan for now and starts the route you agreed with your clinician.

One difficult night is one data point. Do not make the plan stricter on your own.

Education, not medical advice. Evidence and U.S. guidance checked through September 8, 2026. If you are in crisis, call or text 988 or use the 988 Lifeline chat. For an immediate threat to life or a medical emergency, call 911. Outside the United States, use your local crisis or emergency service.

This worksheet accompanies the essay *Four Weeks, Step by Step: Preparing for CBT-I With a Clinician*. Clinical review: Fady Boules, PMHNP-BC.

1. What still feels safe after one poor night

2. What needs a clinician's review before it changes

3. Who I will contact, and how soon

On a hard day

Record today's alertness, any stop signal, and one question for the clinician. Leave the rest blank. That is a complete entry.

Education, not medical advice. Evidence and U.S. guidance checked through September 8, 2026. If you are in crisis, call or text 988 or use the 988 Lifeline chat. For an immediate threat to life or a medical emergency, call 911. Outside the United States, use your local crisis or emergency service.

This worksheet accompanies the essay *Four Weeks, Step by Step: Preparing for CBT-I With a Clinician*. Clinical review: Fady Boules, PMHNP-BC.

Stop the diary, not the day. If filling this in makes you watch the clock, raises worry, or gets in the way of safety, stop and use the short version on the next page or a spoken summary instead. A fall, confusion, a seizure change, acting out a dream, a serious breathing problem, worsening thoughts of suicide, or not being able to stay alert to drive, give care, or work safely matters more than a complete row.

1. **Fill this in once, after you get up**
   Estimates are what this sheet wants. Do not reconstruct the night minute by minute, and do not check the clock in bed to make a row more accurate. A rough number written in the morning is more useful to a clinician than a precise one gathered by watching time pass.

2. **One row for each morning**
   A missed day is not a failed diary. Leave it blank and carry on; your clinician will say which days count.

Date	Out of bed	Est. total sleep	How long to fall asleep	Time awake in the night	Naps	Alcohol, caffeine, medicines	One word for the night	What most changed the night

Education, not medical advice. Evidence and U.S. guidance checked through September 8, 2026. If you are in crisis, call or text 988 or use the 988 Lifeline chat. For an immediate threat to life or a medical emergency, call 911. Outside the United States, use your local crisis or emergency service.

This worksheet accompanies the essay *Four Weeks, Step by Step: Preparing for CBT-I With a Clinician*. Clinical review: Fady Boules, PMHNP-BC.

On a hard day, three fields are enough. Use this page when the full sheet is too much. It is not a lesser record; it is the record that still gets made.

3 The three that matter most

Final wake time, an estimate of total sleep, and the single thing that most changed the night.

Date	Final wake	Est. total sleep	The one thing that changed the night	A question for my clinician

Bring this to care

4 What felt different this time?

5 Did any safety concern appear?

6 What is the one question you want answered?

Education, not medical advice. Evidence and U.S. guidance checked through September 8, 2026. If you are in crisis, call or text 988 or use the 988 Lifeline chat. For an immediate threat to life or a medical emergency, call 911. Outside the United States, use your local crisis or emergency service.

This worksheet accompanies the essay *Four Weeks, Step by Step: Preparing for CBT-I With a Clinician*. Clinical review: Fady Boules, PMHNP-BC.