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# 14-Day Sleep Diary

*Fill it in after you get up, not during the night. Estimates are fine. This diary describes a pattern; it does not diagnose anything or set a schedule.*

**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 |
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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 |
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## 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?

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# 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.**

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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 |
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**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 |
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## 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.

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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.

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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**
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| 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 |
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**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 |
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## 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?

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# Your Light and Timing Map

*Map what already happens across a real day — sleep, obligations, light, and dark. This map does not diagnose a circadian disorder or work out a dose, a clock time, or a light window.*

**Before you use this map.** Do not build a light or melatonin plan from this sheet if you are pregnant or breastfeeding, under 18, or living with a seizure disorder, bipolar-spectrum illness, eye disease, migraine triggered by light, or medicines that may interact. Ask a clinician or pharmacist first.

1 **Write what actually happens, not what you are aiming for**

*Leave the clinician's column blank until it has been reviewed. Darkness strategies begin only after you are safely home, or while someone else is driving — nothing here should reduce what a driver can see.*

| Two-hour band | Asleep or awake | Work or school | Brightest light | Dim or dark | Clinician's plan |
|---|---|---|---|---|---|
| 12–2 a.m. | | | | | |
| 2–4 a.m. | | | | | |
| 4–6 a.m. | | | | | |
| 6–8 a.m. | | | | | |
| 8–10 a.m. | | | | | |
| 10 a.m.–12 p.m. | | | | | |
| 12–2 p.m. | | | | | |
| 2–4 p.m. | | | | | |
| 4–6 p.m. | | | | | |
| 6–8 p.m. | | | | | |
| 8–10 p.m. | | | | | |
| 10 p.m.–12 a.m. | | | | | |

**Do not change anything just to make the map more interesting.** An ordinary week is the useful one.

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This worksheet accompanies the essay *Melatonin Is a Clock Signal, Not a Sedative*. Clinical review: Fady Boules, PMHNP-BC.

## Melatonin is

A hormone signal that can shift circadian timing, and that can make some people feel sleepy.

## Melatonin is not

A general bedtime sedative, a diagnosis, a guarantee, or a substitute for evaluating apnea or another sleep disorder.

**In the United States melatonin is sold as a dietary supplement.** That means the FDA does not review it before sale for identity, purity, or how much is actually in the product. In a 2023 analysis of 25 melatonin gummy products, most did not contain the labeled amount and one contained no detectable melatonin at all. The number on the front of the box is a claim, not a measurement.

## Label check

1. Exact product and formulation

Product _____ Form _____

Lot _____ Labeled amount _____

2. Independent testing, if any

Testing body _____ What it covered _____

3. Other active ingredients, including CBD

## Entered by the clinician

1. What the plan is for, and what timing signal is intended

2. The plan itself, and the signs that should stop it

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This worksheet accompanies the essay *Melatonin Is a Clock Signal, Not a Sedative*. Clinical review: Fady Boules, PMHNP-BC.

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# Seven-Night Substance and Sleep Log

*Record alcohol, cannabis, and anything else as separate exposures, alongside sleep and the next day. This is not a detox plan and it does not ask you to reduce, stop, or combine anything.*

**This is not a detox plan.** If you drink heavily or regularly, have been through alcohol withdrawal, have had a withdrawal seizure, or need a drink to stop shaking or feeling ill, do not reduce or stop on the basis of this sheet. Get an assessment first — alcohol withdrawal can be dangerous. A seizure, severe confusion, hallucinations, dangerous agitation, or a serious change in breathing needs emergency care now. If you are already shaking, sweating, or nauseated after cutting down, seek same-day medical care.

1. **Keep each substance on its own line**
   *Alcohol, cannabis, and anything else are separate exposures, even on the same night. Combining them into one line hides the pattern a clinician is looking for.*

2. **Record ordinary use only**
   *Do not change what you use, or when, in order to test a theory or make a cleaner record.*

| Night | Substance and how taken | Amount, in your own words | Time | How long to fall asleep | Waking, and the later night | Other medicines or a stressful day | The next day |
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**On a hard day, record three things.** The substance, the time, and one thing you noticed the next day.

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This worksheet accompanies the essay *The Nightcap, the Gummy, and the Sleep You Think You're Getting*. Clinical review: Fady Boules, PMHNP-BC.

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# Restless Legs Visit Sheet

*Describe the pattern in your own words and bring a complete medicine list. This sheet does not diagnose restless legs, interpret a lab result, recommend iron, or direct a medicine change.*

**Before you write anything, two things.** Do not start iron on your own — iron overload is real, and the blood test comes first. Do not increase a dopamine-related medicine on your own. One hot, red, swollen leg; chest pain; trouble breathing; new weakness; or loss of bladder or bowel control needs urgent or emergency evaluation, not a worksheet.

**Symptoms creeping earlier can be a treatment effect.** If symptoms now start earlier in the day than they used to, arrive faster once you sit down, feel stronger, give less relief when you move, or have spread to the arms or trunk, that pattern can mean the medicine itself is driving it. Do not raise the dose. Contact the prescriber.

## The pattern, in your words

1. When does the urge begin?
2. What does sitting or lying still do?
3. What does moving do?
4. Are evenings and nights worse than mornings?
5. Where is the feeling, and has it spread since it started?

## Everything you take

Prescriptions, anything bought over the counter, supplements, caffeine, alcohol, and cannabis. Sleep products containing an antihistamine matter here, and so do several antidepressants — which is a conversation with the prescriber, never a reason to stop something on your own.

| Prescription, over-the-counter, supplement, caffeine, alcohol, or cannabis | Form and dose as printed | When you actually take it | Clinician notes |
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This worksheet accompanies the essay *Your Legs Won't Let You Sleep: Restless Legs, Iron, and the Medication Trap*. Clinical review: Fady Boules, PMHNP-BC.

Bring existing results as they are. Do not interpret them, circle a number, or decide between oral and intravenous iron on this page — the thresholds used for restless legs differ from ordinary laboratory ranges, and they are consensus guidance rather than a self-treatment calculator.

| Date drawn | Ferritin | Transferrin saturation | Clinician's interpretation |
|---|---|---|---|
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## What I want to ask

1. The question I most want answered at this visit

2. What I should do if symptoms start creeping earlier again

**On a hard day, three things are enough.** When symptoms begin, what moving does, and the exact medicine list.

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# Nightmare Rescripting Sheet

*Prepare one changed dream, in as little detail as you want, for a clinician-supported plan. This sheet does not ask for a trauma account, replace trauma treatment, or direct a medicine change.*

**Stopping is always allowed.** If distress rises, keeps rising, or you start to feel disconnected from yourself, stop and contact your treating clinician. For thoughts of self-harm or a mental-health crisis in the United States, call or text 988. For immediate danger, a serious injury, acting out a dream, or a possible seizure, use emergency care or call 911.

**1** Choose how much detail you want to use

*All three are complete answers. You do not need to describe trauma to use this sheet.*

☐ Skip the original dream entirely ☐ A few neutral words ☐ A short outline, nothing graphic

**2** The one moment you want to change

*In neutral words. One change point is enough — this is not a rewrite of the whole night.*

**3** The new version

*Write it in the present tense. It can be safer, more within your control, or simply less distressing. It does not have to be realistic, and it does not have to be cheerful.*

## Entered by the clinician

**4** How often, and for how long, if this is approved

Practice plan

**5** The signs that should stop it

**On a hard day.** Skip the original dream. Write one neutral change you would want. Or stop, and bring the blank sheet to your next visit — that is also useful.

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This worksheet accompanies the essay *The Same Dream, Again: Treating Nightmares*. Clinical review: Fady Boules, PMHNP-BC.

Record only what happened. No amount of practice is implied by the number of rows. Stop if the page itself increases distress, or if anything on the first page applies.

| Date | Did a nightmare occur? | A brief note on distress | Practice, only if the clinician approved it | Stopped, or help used |
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# Shift Rotation Sleep Plan

*Map two weeks of shifts against the sleep you can actually get, and the supports someone has reviewed with you. A completed plan does not make unsafe driving or unsafe work safe.*

**The drive home comes first.** If you cannot stay alert while driving, pull over at the first safe place and stop. Do not start again while you cannot stay awake. Arrange another ride, transit, or somewhere safe to rest, and contact a clinician that day. Call 911 for a crash, immediate danger, or any moment you cannot keep yourself safe.

| Day | Shift | Commute | Sleep I can actually get | Reviewed anchor sleep | Light and dark | Nap or caffeine | Ride or rest backup |
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This worksheet accompanies the essay *Sleeping Against the Clock: Night Shift and Rotating Shift Work*. Clinical review: Fady Boules, PMHNP-BC.

These are filled in with a clinician or an occupational health contact. Light, darkness, caffeine, and naps all change alertness for a while; none of them certifies that you are safe to drive or to do safety-critical work.

## Reviewed with

Name and role _____ Date _____

## The plan

1. Light: when, and how bright
2. Protected darkness, beginning after safe travel
3. Caffeine: what, and by when
4. Naps: when, how long, and what happens on waking
5. The backup for getting home when I am not safe to drive
6. What the household has agreed about quiet and light

**On a hard day, three things.** The shift, the sleep you could actually get, and your backup ride or rest plan.

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# Sleepy or Tired? A Sorting Sheet

*Describe what actually happens, in your own words, so a clinician can choose the next question. There is no score and no cutoff here, and this sheet does not reproduce the Epworth Sleepiness Scale.*

**If you cannot stay awake, stop the task first.** Pull over at the first safe place and stop driving. Do not start again while you cannot stay alert. Arrange another ride, transit, or somewhere safe to rest, and contact a clinician that day. Never enter a risky situation on purpose to see what happens.

**Words, not points.** Mark whichever fits: pulled toward sleep, low energy without any pull toward sleep, both, or unclear. Sleepiness and fatigue overlap, and telling them apart is exactly what changes the next question a clinician asks.

| Date | Pulled toward sleep, low energy, both, or unclear? | What was happening | Fell asleep without meaning to? | How long to feel alert after waking | Effect on safety | Anything else you noticed |
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## What a clinician sorts this into

Sleep opportunity. Apnea. Circadian timing. Mood. A medical cause. A medicine or substance effect. Narcolepsy. Idiopathic hypersomnia. Something else. You do not need to choose one — the description is what helps.

**On a hard day.** One episode of falling asleep without meaning to, or one stretch of severe fatigue: what was happening, and what it affected.

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This worksheet accompanies the essay *Ten Hours of Sleep and Still Exhausted*. Clinical review: Fady Boules, PMHNP-BC.

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# Two-Week Bedtime Plan, Ages 4 to 12

*Build one simple bedtime response and record two weeks without scoring your child. This plan does not diagnose anything, does not set a melatonin dose, and never overrides a red flag.*

**Pause the plan and call the pediatric clinician for any of these.** Frequent loud snoring with gasping or pauses in breathing. Unusual movements. Painful legs. Wandering that is not safe. A sudden loss of skills your child had. Marked daytime sleepiness. A new change after a medicine started. Call 911 for severe trouble breathing, blue or gray color, a first or prolonged seizure, serious injury, not being able to wake your child, or immediate danger. None of these is a behavior problem to work through.

## 1 Four to six steps, in the same order every night

*The routine works because the sequence becomes predictable, not because the steps are special. Choose ones that can still happen on a difficult night.*

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

## 2 One short, calm line for returns

*The same words each time. Brief and boring is the point — it is not coldness.*

## 3 A pass system, if you use one

*A small, defined number of acceptable reasons to come out: the bathroom, one hug. Set the number with your child, and with the clinician if a plan is already in place.*

Number of passes _____ What they can be used for _____

**No pass rule outranks a real need.** Illness, pain, trouble breathing, getting to the bathroom safely, or anything on the red-flag list above.

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This worksheet accompanies the essay *Bedtime Is a Battle: Sleep for Ages 4 to 12*. Clinical review: Fady Boules, PMHNP-BC.

Record estimates after the night, not during it. Never wake your child for data. Some protest early on is common — but a new fear, pain, trouble breathing, vomiting, or unsafe behavior is not part of a plan working, and it is not something to ride out.

| Date | Lights out | Returns or checks | Est. asleep | Waking in the night | Notes, or anything that concerned you |
|---|---|---|---|---|---|
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**On a hard day.** Lights out, roughly when your child fell asleep, and the main reason the plan changed. That is a complete row.

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 *Bedtime Is a Battle: Sleep for Ages 4 to 12*. Clinical review: Fady Boules, PMHNP-BC.

NP FADY
npfady.com

# Nighttime Safety and Medicine Review

*Walk the route from bed to bathroom, and build one complete list of everything you take. This is not a deprescribing plan, a substitution, or a taper.*

**Call promptly, or call 911.** New confusion, a recent fall or injury, an unsafe transfer, wandering, or severe next-day grogginess needs prompt clinical contact. Call 911 for serious injury, stroke-like symptoms, severe trouble breathing, not being able to wake someone, or immediate danger.

### 1 Walk the route you take at night, and check each one

*Do this with the lights as they actually are at 2 a.m., not as they are now.*

- ☐ The path from bed to bathroom is clear
- ☐ A light I can reach without getting up first
- ☐ A phone or call device within reach
- ☐ I can get in and out of bed safely
- ☐ Footwear that stays on and does not slip
- ☐ Loose rugs, cords, and pets accounted for
- ☐ Something else I noticed _____

## Everything you take

Prescriptions, anything bought over the counter, supplements, alcohol, and cannabis. Include morning medicines too — something taken at breakfast can still be working at midnight, and listing only what you take after dinner hides half the picture. Many products sold for sleep contain an antihistamine, which is one of the classes that carries the most risk after 65.

| Prescription, over-the-counter, supplement, alcohol, or cannabis | Dose and form, if you know it | When you actually take it | Pharmacist or prescriber notes |
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This worksheet accompanies the essay *Sleep After 65: What Changed, and Which Sleep Aids to Avoid*. Clinical review: Fady Boules, PMHNP-BC.

**A line to open with.** "I want to review what may be affecting my sleep and my risk of falling, before I add or change anything."

1 **What I want reviewed first**

*Ask one clinician or pharmacist to reconcile the whole list for duplicates and interactions — a pill organizer will not show you the same active ingredient appearing in two products.*

2 **Anything about a recent fall, or a near fall**

**Do not stop anything on your own.** Some medicines, benzodiazepines among them, are not safe to stop abruptly after regular use. Bring this page to the person who prescribes, and decide together.

**On a hard day.** Photograph every label and write down one hazard in the room. Ask a pharmacist to build the full list with you.

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# Medication Timing Tracker

*Record what actually happened after a medicine was taken, so a prescriber can review sleep and alertness together. This tracker does not authorize a new time, dose, formulation, skipped dose, or any other change.*

**Nothing on this page authorizes a change.** Not a new time, not a dose, not a different formulation, not a skipped dose. Stop driving or any safety-critical task if you cannot stay alert. Contact the prescriber promptly for new agitation, a reduced need for sleep, severe restlessness, unsafe sedation, thoughts of self-harm, fainting, a seizure, or acting out a dream. Use emergency care for immediate danger.

1 **Write the medicine exactly as the label prints it**

*Timing supports a hypothesis; it does not prove cause. Note anything else that changed the day — illness, alcohol, a stressful night, another new medicine — in the last column.*

| Date | Medicine, exactly as listed | Form | Time taken | How long to fall asleep | Waking, and any dreams | Next day, and anything else that changed |
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This worksheet accompanies the essay *When the Medicine Is the Sleep Problem*. Clinical review: Fady Boules, PMHNP-BC.

## When things started

A sleep change that began three weeks after a medicine started is a different conversation from one that began the same night.

| Medicine | When it started | When the dose or form last changed | When the sleep effect began |
|---|---|---|---|
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## If a change is agreed

These fields are filled in by the prescriber, not by you. If they are blank, no change has been authorized.

1. The exact plan

2. Who authorized it, and the date it begins

Authorized by _____ Start date _____

3. What should be watched, and what should prompt a call

## Questions for the visit

**On a hard day.** The exact medicine, the time you actually took it, and one thing you noticed about sleep or alertness.

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