

Sleep stress and daily rhythms

Ten original resources for More Than Therapy. Choose a page that fits the client's priorities and review the clinical notes before use. The materials support professional care and are not validated assessments.

SLP01 Noticing My Daily Sleep Pattern

Worksheet | 10 to 15 minutes

SLP02 Building a Realistic Wind Down

Worksheet | 10 to 15 minutes

SLP03 Setting Aside a Worry for Later

Worksheet | 10 to 15 minutes

SLP04 Choosing a Restorative Pause

Worksheet | 10 to 15 minutes

SLP05 Planning Around My Available Energy

Worksheet | 10 to 15 minutes

SLP06 Preparing for a Sleep Conversation

Worksheet | 10 to 15 minutes

SLP07 Sleep Support Beyond More Rules

Handout | 5 to 10 minutes

SLP08 Talking About Sleep Without Blame

Clinician script | 10 to 15 minutes

SLP09 A Session for Rest and Rhythm

Session guide | 50 minutes

SLP10 Writing About Rest and Expectations

Journal prompts | 10 minutes

Fillable responses work in compatible PDF readers. Save each completed worksheet separately in an approved record system.

Clinical notes

Sleep stress and daily rhythms

SLP01 Noticing My Daily Sleep Pattern

Use estimates and avoid reinforcing excessive monitoring. This page is not a diagnostic sleep diary or a basis for self directed sleep restriction. Assess medical symptoms, circadian demands, medication effects, and daytime safety.

SLP02 Building a Realistic Wind Down

Adapt for shift work, disability, shared housing, caregiving, and trauma related concerns. Do not present sleep hygiene alone as treatment for chronic insomnia. Avoid rigid routines that increase performance anxiety.

SLP03 Setting Aside a Worry for Later

Use as a brief organizational strategy rather than a complete insomnia intervention. Do not defer urgent safety or medical concerns. Monitor whether writing increases rumination; offer another approach when it does.

SLP04 Choosing a Restorative Pause

Avoid using breaks to normalize unsafe workloads or unmet accommodations. Include organizational changes and advocacy when appropriate. Do not require breathing, movement, or body attention when these are inaccessible or activating.

SLP05 Planning Around My Available Energy

Persistent fatigue warrants appropriate clinical or medical assessment. Adapt pacing to the client's condition and avoid generic activity escalation, especially when exertion worsens symptoms. Address financial, caregiving, occupational, and disability related constraints.

SLP06 Preparing for a Sleep Conversation

Assess urgent symptoms and daytime safety rather than waiting for routine follow up when risk is present. Consider sleep apnea, medication effects, circadian issues, mood changes, and other medical causes within scope.

SLP07 Sleep Support Beyond More Rules

Offer general education within competence and refer for CBT-I or sleep medicine when indicated. Screen for apnea, bipolar spectrum activation, medications, substance use, and medical contributors. Avoid presenting habits as a guaranteed treatment.

SLP08 Talking About Sleep Without Blame

Assess sleep related safety and medical symptoms. Avoid blanket prescriptions about time in bed, supplements, or medication changes. Distinguish supportive counseling from formal CBT-I and practice within training and competence.

SLP09 A Session for Rest and Rhythm

Prioritize assessment for breathing concerns, unsafe sleepiness, major mood related sleep changes, and other medical symptoms. Do not begin sleep restriction from this guide. Consider referral for individualized CBT-I when persistent insomnia is suspected.

SLP10 Writing About Rest and Expectations

Do not interpret insufficient rest as a purely individual choice. Explore social conditions and symptoms that need assessment. Offer oral or visual responses and avoid assigning emotionally activating journaling immediately before the client's sleep period.

Noticing My Daily Sleep Pattern

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Observe sleep and daytime context without turning the night into a performance test.

Use this page to notice one day and night. Rough estimates are enough; you do not need to watch the clock or use a device. Looking for patterns can help you describe concerns and choose a manageable change with your clinician.

Record what is useful

Estimate when you tried to sleep, when you got up, and how rested or sleepy you felt the next day. Include naps, shift work, caregiving interruptions, pain, stress, caffeine, alcohol, or medications if relevant. Describe what happened without judging the night as a success or failure.

Look beyond habits

Sleep can be affected by health conditions, work, housing, safety, and responsibilities. Identify what is within your influence and what needs support or medical discussion. If sleep problems persist, affect daytime functioning, or include breathing concerns, share the pattern with a healthcare professional.

Date, approximate sleep attempt time, and getting up time

What I remember about the night and how I felt during the day

Relevant routines, substances, symptoms, or interruptions

A pattern or question I want to discuss is

Building a Realistic Wind Down

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Create a short transition toward rest that fits your environment and responsibilities.

A wind down routine is a cue to shift away from the day. It does not guarantee sleep. Choose a short, repeatable sequence that fits your work hours, household, accessibility needs, and preferences rather than an ideal evening you cannot maintain.

Select a few workable actions

Consider preparing one item for tomorrow, lowering stimulation if possible, doing a quiet activity, or changing into comfortable clothing. Pick actions you find settling; a practice that irritates or activates you is not required. Keep the sequence brief enough for a difficult day.

Plan for interruptions

Choose the earliest realistic starting cue, such as finishing a shift or completing caregiving tasks. Identify a shorter version for interrupted evenings. Notice whether the routine feels useful over several attempts. If sleep remains difficult, seek assessment rather than continually adding rules or blaming yourself.

My realistic starting cue and available time are

Two or three actions I want to try in order are

A shorter version for a difficult or interrupted day is

After trying it, I want to keep, change, or discuss

Setting Aside a Worry for Later

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Separate a solvable concern from nighttime problem solving and choose a return point.

Some worries arrive when you are trying to rest. This page gives a concern a place to be recorded and revisited. It is not a command to stop thinking. Use it briefly and stop if writing makes you more alert or distressed.

Name the concern and its next step

Write one sentence about what is on your mind. Ask whether there is a practical action you can take at an appropriate time. If there is, name the first step and when you will return to it. If not, name the uncertainty and the support you may need.

Return gently to the current moment

Try a simple reminder: I have recorded this, and I will revisit it at the time I chose. Then shift to a quiet activity or sensory cue you find comfortable. The worry may return; you do not need to fight it or complete every solution tonight.

The concern I want to record in one sentence is

A practical next step, or uncertainty I cannot solve now, is

The time and place I will revisit it are

A quiet next activity or supportive reminder I choose is

Choosing a Restorative Pause

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Match a brief pause to the kind of strain you are experiencing.

A useful break depends on what is wearing you down and what your setting allows. Choose one manageable pause during the day. You do not need to earn rest by finishing everything, and a brief break does not have to fix the whole situation.

Match the response to the need

If you are overstimulated, less sound or visual input may help. If you have been still for a long time, a comfortable change of position may fit. If you feel isolated, a brief connection may be useful. Choose according to your body, preferences, accessibility, and medical guidance.

Make the pause reachable

Decide where it could happen and what permission or coverage you need. A pause may be two minutes or a longer protected period. Afterward, notice whether you feel more able to continue, need another kind of support, or need to reduce the demand itself.

The strain or need I notice is

A pause that fits my body and setting is

When and where I can try it, and any support I need, are

Afterward I noticed; the next adjustment I need is

Planning Around My Available Energy

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Adjust daily demands to current capacity while protecting essential needs and support.

Energy can vary with sleep, health, stress, treatment, and responsibilities. Plan from the capacity you have today rather than the capacity you wish you had. This exercise helps you choose priorities and identify where help or a different expectation is needed.

Choose essentials and flexibility

List a few demands for the day. Identify what truly needs attention, what can be smaller, and what can wait or be shared. Include basic needs and recovery time in the plan. Do not assume that caring for yourself must happen after every other task.

Create a lower energy version

For an important task, choose a smaller useful step. A full cleanup might become clearing one safe walkway; a long phone call might become requesting an appointment online. If your energy changes, use the smaller plan and review what additional support is needed.

My current capacity and the demands that matter today are

What is essential, what can shrink, and what can wait or be shared?

A lower energy version of one important task is

A practical support or accommodation I could request is

Preparing for a Sleep Conversation

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Organize sleep concerns and questions for a healthcare or therapy appointment.

You do not have to diagnose your sleep problem before asking for help. Bring a short description of what is happening, how it affects your day, and what you have already tried. This page can help you use appointment time well.

Describe the pattern and impact

Note whether the difficulty involves falling asleep, waking, an irregular schedule, nightmares, or feeling unrefreshed. Estimate how often it happens and when it began. Include daytime sleepiness, concentration difficulties, or safety concerns. If you are too sleepy to drive safely, arrange another way to travel.

Bring useful questions

Mention snoring, gasping, pain, medications, supplements, substance use, and changing work schedules when relevant. Ask what assessment is appropriate and whether a specific sleep treatment or referral may help. Do not change prescribed medication or begin a sleep restriction plan based on this worksheet.

My sleep concern, approximate start, and frequency are

Its effect on my day and any safety concerns are

Symptoms, schedules, medicines, or substances to discuss are

What I have tried and the questions I want answered are

Sleep Support Beyond More Rules

Sleep stress and daily rhythms | Adults | 5 to 10 minutes

Distinguish supportive habits from individualized care for persistent sleep difficulties.

Sleep needs and schedules differ across age, health, work, and family responsibilities. A few workable habits may help, but ongoing sleep difficulty is not proof that you are doing something wrong. You can ask for assessment and support.

Start with feasible conditions

Where possible, protect enough time for sleep, use a comfortable sleep setting, and notice how caffeine, alcohol, late stimulation, and irregular schedules affect you. Choose one change at a time. Housing, noise, safety, shift work, and caregiving may require practical help or accommodations as well as personal changes.

Persistent insomnia needs specific care

Cognitive behavioral therapy for insomnia, often called CBT-I, is a structured treatment commonly recommended for long term insomnia. It is more than a list of sleep hygiene tips. Some components need individual tailoring, so do not create your own sleep restriction schedule from general advice.

Know what to bring to a clinician

Discuss persistent difficulty, impaired daytime functioning, loud snoring or gasping, major changes in sleep need, or medication and substance effects. If sleepiness makes driving or hazardous work unsafe, stop and arrange a safer option. Sleep diaries can help discussion, but rough observations are useful too.

One feasible support and one question for my provider are

Talking About Sleep Without Blame

Sleep stress and daily rhythms | Clinicians | 10 to 15 minutes

Explore sleep concerns while acknowledging constraints and identifying appropriate care.

Use these prompts to understand the client's actual conditions before suggesting a routine. The goal is a realistic next step, not a perfect evening. Ask about daytime impact and safety as well as what happens at night.

Understand the circumstances

Clinician: What does a typical rest period look like in your household or work schedule?

Client: Everyone tells me to go to bed earlier, but I work nights. Clinician: That advice does not fit your day. What time is available for sleep, and what interrupts it?

Separate support from self blame

Client: I must be doing something wrong. Clinician: We can look at habits, health, and circumstances together. Persistent sleep difficulty can need specific treatment. What have you tried, and what happened? Ask about symptoms such as snoring or gasping, medications, substance use, and daytime sleepiness without diagnosing from a brief conversation.

Choose one next step

Clinician: Would it be more useful to plan one manageable routine, request practical support, or prepare for a medical or sleep consultation? Offer SLP02 or SLP06 accordingly. If the client is too sleepy to drive safely, address transportation before ending. Close with: How well does this plan fit the life you actually have?

Relevant constraints, selected next step, and any referral or safety action

A Session for Rest and Rhythm

Sleep stress and daily rhythms | Clinicians | 50 minutes

Use 50 minutes to understand daily demands and choose one feasible rest or sleep support.

Intended outcome: the client describes a relevant pattern, selects one practical change or referral step, and knows how to review its usefulness. The session offers education and planning; it is not a complete insomnia treatment protocol.

Minutes 0 to 15

0 to 5: Check current wellbeing, daytime safety, and the client's preferred focus. Offer permission to skip or change an exercise. 5 to 15: Use SLP01 to review a typical day and night with approximate observations. Include work, housing, caregiving, health, and medication or substance factors.

Minutes 15 to 40

15 to 25: Distinguish what the client can influence from what needs outside support or assessment. Use SLP07 for brief education if welcome. 25 to 40: Choose SLP02 for a feasible routine, SLP04 for a restorative pause, or SLP06 for a provider conversation. Rehearse the first action and address one likely barrier.

Minutes 40 to 50

40 to 45: Make a smaller backup version and identify any help or accommodation needed. 45 to 50: Ask the client to summarize the plan and how they will judge its usefulness. Agree on follow up and arrange referral or safety actions where indicated. Avoid adding multiple new sleep rules.

Selected action or referral, necessary support, and review plan

Writing About Rest and Expectations

Sleep stress and daily rhythms | Adults | 10 minutes

Explore beliefs, barriers, and needs that shape your relationship with rest.

Choose a prompt and write briefly at a time that does not interfere with sleep. Rest can be affected by expectations, responsibilities, safety, and resources. This reflection makes room for those realities without requiring you to solve them all today.

Notice the messages you carry

Think about what you learned about being busy, being useful, or needing help. Some messages may support you; others may make it difficult to pause. Consider where the messages came from and whether they fit your current health, responsibilities, and values.

Choose one realistic adjustment

After writing, name a small change, a request, or a topic for professional support. If there is no immediate change available, acknowledge the constraint and identify what kind of help would matter. Do not use the exercise to create another standard you must meet perfectly.

A message I learned about rest or productivity is

A real barrier to rest that deserves recognition is

What my body, attention, or daily functioning has been telling me is

One expectation I could soften or one support I could request is

Clinical foundations

These sources inform the general clinical concepts. The original resources in this collection are not validated instruments or publisher-endorsed protocols. Links checked October 26, 2026.

S04 Doing What Matters in Times of Stress An Illustrated Guide

World Health Organization | 2020

Stress coping, present moment awareness, values, and kindness. Original exercises in this library are separate from the WHO guide.

<https://www.who.int/publications/i/item/9789240003927>

S10 About Sleep

Centers for Disease Control and Prevention | 2024

Sleep health, age related sleep needs, sleep habits, and seeking care for sleep problems.

<https://www.cdc.gov/sleep/about/index.html>

S15 Insomnia Treatment

National Heart Lung and Blood Institute | n.d.

Cognitive behavioral therapy for insomnia and the need for individualized treatment for persistent insomnia.

<https://www.nhlbi.nih.gov/health/insomnia/treatment>