

The Sleep Guide

Practical, evidence-based steps for falling asleep faster
and sleeping better

This guide teaches. It does not replace care from a doctor.

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Who this guide is for

This guide is for you if:

- You're exhausted at night but can't fall asleep
- Your mind gets busy the moment your head hits the pillow
- You wake up in the night or too early and can't get back to sleep
- You wake up feeling like you haven't rested
- You work nights or rotating shifts, or you care for someone at night
- You'd like to sleep better without relying on sleeping pills

How to use it

Read Parts 1 and 2 once so the advice makes sense. Then start with Part 3, which has the habits with the strongest research behind them. Add the evening routine in Part 4 on top.

Give it time. Most people need two to four weeks of steady practice before they notice a real change, and the first week can feel harder before it gets easier. That's normal.

Quick start: the five things that matter most

1. **Get up at the same time every day**, even after a bad night.
2. **Go to bed only when you're sleepy and** use the bed only for sleep.
3. **If you can't sleep, get up** after about 20 minutes and return when sleepy.
4. **Get outdoor light in the morning** and cut caffeine at least 8 hours before bed.
5. **Wind down the same way each night**: a warm bath 1 to 2 hours before bed, then one calming practice.

Try these for two to four weeks before judging the results. The rest of the guide explains why they work and how to do them well.

Check this first: when to see a doctor.

This guide is for education only. It doesn't diagnose or treat any condition. Talk to a doctor or other qualified health professional if any of these apply to you:

- Someone has told you that you snore loudly, gasp, or stop breathing in your sleep
- You fall asleep while driving, at work, or in the middle of conversations
- You get an uncomfortable urge to move your legs in the evening or at night
- Trouble sleeping happens three or more nights a week and has lasted three months or longer
- Poor sleep comes with low mood, constant worry, or loss of interest in things you used to enjoy
- Your sleep changed after starting a new medicine, or you're thinking about a sleep aid
- You act out your dreams, or your muscles suddenly go weak when you laugh or feel strong emotion

If you're having thoughts of harming yourself, call or text 988 (Suicide & Crisis Lifeline, US) or go to the nearest emergency room. **If you feel drowsy, don't drive.**

Part 1: Why sleep gets hard

Trouble sleeping is common, and it isn't a character flaw. About a third of adults have at least one insomnia symptom. Roughly 1 in 10 has symptoms bad enough to affect their days, and about 6 in 100 meet the full medical definition of insomnia (Ohayon, 2002).

Your brain is built to stay alert when it senses something needs attention. Modern life sends it plenty of those signals, often late into the evening:

- Bright screens and indoor lighting after dark
- Stress, worry, and caregiving duties
- Bedtimes and wake times that change from day to day
- Night or rotating shift work
- Late caffeine, evening alcohol, or a heavy late meal
- Trying hard to fall asleep

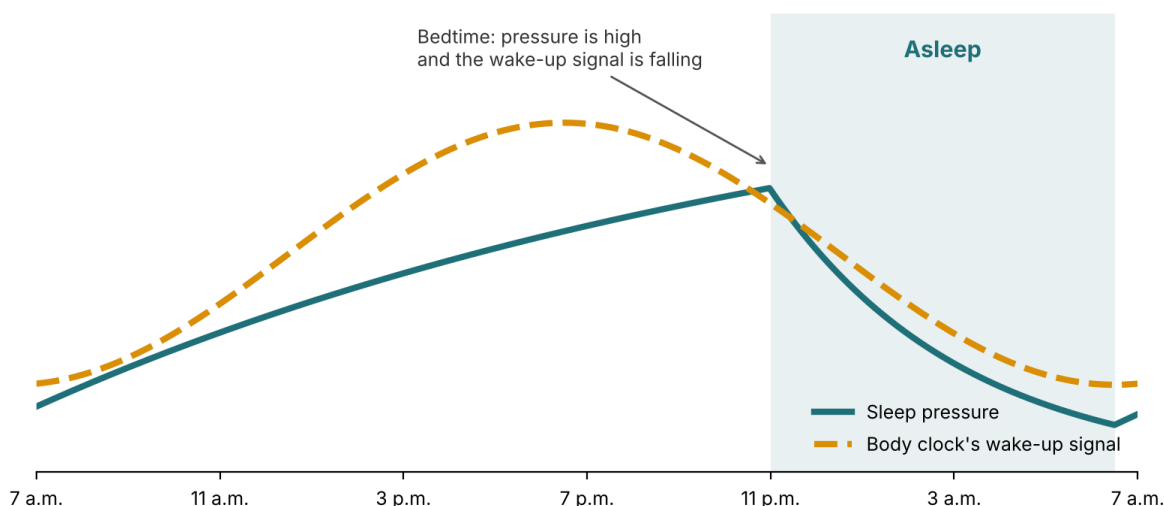
That last one surprises people. Effort wakes the brain up. Lying in bed willing yourself to sleep raises your heart rate and sharpens your attention, which is the opposite of what sleep needs. After a few weeks of this, the bed itself can start to feel like a place of struggle, and you may notice you feel sleepy on the couch but wide awake the moment you lie down in bed.

The good news is that this learned wakefulness can be unlearned. That's what Part 3 is for.

Part 2: How sleep works

Sleep scientists describe two main systems that decide when you fall asleep (Borbély, 1982). A third factor, how calm you feel, decides whether those two can do their job.

What it is	How it works
1. Sleep pressure	From the moment you wake up, a chemical called adenosine builds up in your brain. The longer you're awake, the stronger the pull toward sleep. Naps, sleeping in, and caffeine all weaken it.
2. Your body clock	A clock in your brain runs on a roughly 24-hour cycle, set mainly by light, especially morning light. In the evening, it lowers your core body temperature and releases melatonin, which opens a window for sleep.
3. A calm nervous system	Even with plenty of sleep pressure at the right clock time, a worried or tense body can stay awake. Stress hormones can override sleepiness.



How the two systems line up over a day. Sleep pressure climbs while you're awake and drains while you sleep. Your body clock pushes you to stay awake through the evening, then eases off. You fall asleep most easily when that push fades, and sleep pressure is high. (Simplified illustration.)

Everything in this guide supports one or more of these. The habits in Part 3 build sleep pressure and steady your body clock. The evening routine in Part 4 helps your body cool down, and your mind settle.

Part 3: The core habits

These four habits come from cognitive behavioral therapy for insomnia, usually called CBT-I. The American College of Physicians and the American Academy of Sleep Medicine both recommend CBT-I as the first treatment for long-term insomnia, ahead of sleeping pills (Qaseem et al., 2016; Edinger et al., 2021).

In a large review of studies, people who completed CBT-I fell asleep about 19 minutes faster and spent about 26 fewer minutes awake during the night. Unlike sleeping pills, the benefits lasted after treatment ended (Trauer et al., 2015).

Habit 1: Get up at the same time every day

Pick a wake-up time you can keep seven days a week, including weekends and mornings after a bad night. This is the anchor for everything else. A steady wake time sets your body clock and builds sleep pressure for the following night.

Sleeping in after a rough night feels kind to yourself, but it weakens the next night's sleep and keeps the cycle going.

- Put your alarm across the room so you have to get up to turn it off
- Get daylight soon after waking (see Part 5)
- If your schedule has to vary, keep it within an hour

Habit 2: Save your bed for sleep

Use the bed only for sleep and sex. No phone, TV, work, eating, or planning tomorrow in bed. Over time, your brain learns to link the bed with falling asleep quickly. Sleep specialists call this stimulus control, and it's one of the best-supported parts of CBT-I (Edinger et al., 2021).

Go to bed only when you're **sleepy**, not just tired. Tired means worn out. Sleepy means heavy eyes, nodding off, and struggling to keep reading. If you're tired but not sleepy, stay up a little longer doing something calm.

Habit 3: If you can't sleep, get up

If you've been lying awake for what feels like about 20 minutes, or you're getting frustrated, don't stay and fight it. Don't check the clock to measure the time. Go by feel.

1. Get out of bed calmly and go to another room.
2. Keep the lights low.

3. Do something quiet and a little dull: read a paper book or magazine, fold laundry, or listen to calm audio. Skip screens.
4. Go back to bed when you feel sleepy again.
5. Repeat as often as needed, and still get up at your usual time in the morning.

The first few nights can be tiring. That passes. Each time you leave the bed instead of struggling in it, you teach your brain that bed means sleep.

Tip: Set up your getting-up spot before bed: a chair, a soft lamp, and a book or puzzle. Then getting up won't feel like a big decision at 2 a.m.

Habit 4: Match your time in bed to the sleep you're getting

Many people with insomnia spend extra time in bed hoping to catch up. It usually backfires. A small amount of sleep spread across a long night becomes light and broken. A **sleep window** packs your sleep into fewer, deeper hours, and then you widen it as sleep improves.

How to set your sleep window

1. Fill in the sleep diary at the end of this guide for one week.
2. Work out how many hours you actually slept on an average night.
3. Add 30 minutes. That's your time in bed. **Never set it below 5½ hours.**
4. Count back from your fixed wake time to find your bedtime. Example: you sleep about 6 hours and get up at 6:30 a.m. Your time in bed is 6½ hours, so bedtime is midnight. Stay up until then, even if you feel sleepy earlier.
5. Check your diary each week. If you're asleep for most of your time in bed (about 85% or more) and still sleepy during the day, move bedtime 15 minutes earlier. Keep adjusting until you feel rested.

To find the percentage, divide hours asleep by hours in bed, then multiply by 100. Six hours asleep out of 6½ hours in bed is about 92%.

Before you try a sleep window

You'll probably feel sleepier than usual during the day for the first week or two. **Don't drive or use machinery when you feel drowsy.**

Talk to your doctor first if you have bipolar disorder, seizures, or untreated sleep apnea, if you're pregnant, or if your job means drowsiness could put someone in danger. A CBT-I clinician or a digital CBT-I program can guide you through it safely.

Part 4: Your evening wind-down

These steps won't fix long-term insomnia by themselves. They help your body cool down and your mind settle, and they work best on top of the core habits in Part 3.

Step 1: Warm bath or shower, 1 to 2 hours before bed

Warm water draws blood toward your skin. After you get out, heat leaves your body through the skin, and your core temperature falls faster. That drop is one of the body's natural signals that it's time to sleep.

A review of 17 studies found that warm water, around 104 to 109°F (40 to 42.5°C), 1 to 2 hours before bed helped people fall asleep faster, by up to about 10 minutes, and improved how well they rated their sleep. As little as 10 minutes in the water was enough to help (Haghayegh et al., 2019). Most of these studies used baths. Showers probably work in a similar way, but there's less research on them.

- Stay in for 10 minutes or more
- Make the water warm and comfortable, not scalding
- Finish 1 to 2 hours before bed. Any closer and you may still feel warm when you lie down.
- Keep the bathroom light soft, and leave your phone in another room

Safety: If you have heart disease, low blood pressure, or nerve damage in your feet, or you're pregnant, ask your doctor what water temperature is safe for you. Take care getting out of the tub, since warm water can make you lightheaded. If a bath isn't practical, a warm foot soak is a gentler option.

Step 2: One calming practice, 10 to 20 minutes before bed

Pick one and stick with it for a couple of weeks. Doing the same thing every night teaches your brain that sleep is on its way.

Option A: Slow breathing (a good place to start)

Breathing slowly, with a longer out-breath, switches on the body's rest-and-digest system and slows the heart. In a small study, people with insomnia who breathed at about six breaths a minute for 20 minutes before bed fell asleep faster and woke up less (Tsai et al., 2015). The pattern below works out to six breaths a minute.

1. Sit or lie comfortably with one hand on your chest and one on your belly.
2. Breathe in through your nose for 4 seconds and let your belly rise.

3. Breathe out slowly for 6 seconds.
4. Keep going for 10 to 20 minutes. Start with 5 if that feels like a lot.

Your mind will wander. Notice it and come back to the breath without scolding yourself.

Option B: Calm music

Listening to calm music at bedtime can improve sleep quality, especially when people do it most nights for several weeks (Feng et al., 2018).

- Choose slow, steady music without lyrics.
- Keep the volume low and set a sleep timer so it stops on its own
- A small speaker is usually more comfortable than earbuds

Option C: Gentle massage or muscle relaxation

Rub your neck, shoulders, or feet with slow, gentle pressure for a few minutes, or ask a partner. You can also try progressive muscle relaxation: tense one muscle group for about five seconds, then let it go, working from your feet up to your face. Sleep specialists include relaxation methods like this among their recommended treatments (Edinger et al., 2021).

Option D: A calming scent (optional extra)

A few small studies suggest lavender may help people relax, but the evidence is weak. Think of scent as a pleasant cue that bedtime is near, not as a treatment.

- Use a light touch, a drop or two on a cloth near your pillow
- Stick with the same scent every night
- Keep essential oils away from babies and young children, and away from cats, which are especially sensitive to them.
- Skip scents if they trigger your asthma or headaches

If worry keeps you awake

Earlier in the evening, away from your bed, spend 10 minutes writing down what's on your mind. Next to each item, write one small next step, or simply "deal with this tomorrow." Then close the notebook. When those thoughts come back at night, you can remind yourself they're already written down and waiting for morning.

Part 5: Daytime habits that help at night

Good nights start in the morning. These habits support your body clock and keep sleep pressure strong. On their own, they rarely fix long-term insomnia, which is why sleep specialists don't recommend them as the only treatment (Edinger et al., 2021). Use them alongside the core habits in Part 3.

When	What to do
Morning	Get outdoor light within an hour of waking, ideally 15 to 30 minutes. Even a cloudy day is far brighter than indoor light, and it sets your body clock for the day. Keep your wake time steady.
Afternoon	Stop caffeine at least 8 hours before bed. In one study, a large dose of caffeine (400 mg, about four cups of brewed coffee) taken 6 hours before bed cut sleep by more than an hour, and people didn't notice the loss themselves (Drake et al., 2013). Coffee, tea, soda, energy drinks, and chocolate all count. If you nap, keep it under 30 minutes and before 3 p.m. While you're working on insomnia, it's best to skip naps altogether.
Any time of day	Move your body. A walk counts. If hard exercise late in the evening leaves you wired, move it earlier.
Evening	Finish alcohol at least 3 hours before bed, or skip it. It can make you drowsy at first but breaks up sleep later in the night (Ebrahim et al., 2013). Finish big meals 2 to 3 hours before bed. Avoid nicotine near bedtime, since it's a stimulant. Dim the lights after dinner and put screens away 30 to 60 minutes before bed.

Set up your bedroom

- **Cool:** many people sleep best at around 60 to 67°F (16 to 19°C)
- **Dark:** blackout curtains or an eye mask
- **Quiet:** earplugs, a fan, or a white noise machine
- **No clock watching:** turn the clock so you can't see it
- **Phone out of reach:** charge it outside the bedroom if you can

How much sleep do you need?

Most adults need 7 hours or more a night (Watson et al., 2015). Some people need a little more. Use how you feel and function during the day as your guide rather than chasing a perfect number.

Part 6: If you work nights or rotating shifts

Working against your body clock is hard, and some of the advice above, like morning light and a fixed wake time, needs adjusting. These steps help:

- **Protect your main sleep.** Use blackout curtains, earplugs or white noise, and silence your phone. Let the people you live with know your sleep hours are off limits.
- **Keep an anchor.** Try to keep at least 4 hours of your sleep at the same time every day, including days off.
- **Manage light.** Get bright light during the first half of your shift. Wear dark sunglasses on the way home after a night shift so morning sun doesn't wake up your body clock.
- **Time your caffeine.** Use it early in your shift, not in the last few hours.
- **Nap before work.** A 20- to 30-minute nap before a night shift can help you stay alert.
- **Wind down the same way.** Do the Part 4 routine before your daytime sleep, just as you would at night.
- **Never drive drowsy.** Pull over and nap, or arrange a ride home.

If you struggle to stay awake at work or can't sleep on your days off, talk to a doctor. Shift work disorder is a recognized condition, and it can be treated.

If you care for someone at night

Caregivers often can't control when they're woken. You can still protect the sleep you do get.

- Share night duty with someone else when you can, even one or two nights a week.
- When you're woken, keep the lights dim and leave your phone alone, then settle back into bed calmly.
- Keep your usual wake time when you can. It still helps after a broken night.
- A short nap of under 30 minutes in the early afternoon is fine when your nights are broken.
- Ask the person's doctor whether their night waking can be treated, since that can help you both.

Your sleep matters too. You can't care well for someone else for long if you're running on empty.

Part 7: When you need more help

CBT-I with a professional or online

If you've followed this guide steadily for three or four weeks and still sleep poorly, CBT-I with support is the next step. It usually takes four to eight sessions with a trained psychologist, doctor, or nurse. Many clinicians offer it by telehealth.

Digital CBT-I programs, delivered through an app or website, also work well for many people (Soh et al., 2020). Ask your doctor for a referral, or ask whether your health plan covers a digital program.

A note on sleep aids

Talk to a doctor or pharmacist before you take any sleep aid, including ones sold without a prescription. Many over-the-counter sleep aids contain diphenhydramine or doxylamine. These can leave you groggy and confused the next day, and they're generally not recommended for adults over 65. In the US, melatonin is sold as a supplement, so the amount in the bottle may not match the label. Sleep medicines can help in the short term for some people, but they don't fix the habits that keep insomnia going, which is why guidelines put CBT-I first.

Part 8: A sample day and evening

This example is for someone who gets up at 6:30 a.m. and has a bedtime of 11:00 p.m. Shift the times to fit your own schedule.

Time	What to do	Why it helps
6:30 a.m.	Get up, open the curtains, step outside if you can	Sets your body clock and starts sleep pressure building
By 2:30 p.m.	Last caffeine of the day	Gives it time to wear off
7:00 p.m.	Finish dinner. Finish any alcohol by 8:00.	Less disruption later in the night
8:30 to 9:30 p.m.	Warm bath or shower, then dim the lights	Starts the drop in body temperature
9:30 p.m.	Write your worry list and get tomorrow ready	Clears your mind before bed
10:15 p.m.	Screens off, quiet activity	Lowers alertness
10:45 p.m.	Slow breathing, music, or massage	Calms your nervous system
11:00 p.m.	Bed, if you're sleepy. Clock turned away.	Keeps bed linked with sleep
If awake about 20 minutes	Get up, sit in dim light, go back when sleepy	Breaks the link between bed and struggle

Your one-week sleep diary

Fill this in each morning, within an hour of getting up. Rough estimates are fine. You'll use it to set your sleep window in Part 3.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Time I went to bed							
About how long it took to fall asleep							
Minutes awake during the night							
Final wake-up time							
Time I got out of bed							
Total hours in bed							
Total hours asleep							
Caffeine, alcohol, naps							
How rested I feel (1 to 5)							

Your weekly numbers: Average hours asleep: _____ Average hours in bed: _____ Sleep percentage: _____%

Nightly checklist

- ☐ Got up at my usual time this morning
- ☐ Stopped caffeine at least 8 hours before bed
- ☐ Warm bath or shower 1 to 2 hours before bed
- ☐ Dimmed the lights and put screens away
- ☐ Did one calming practice
- ☐ Went to bed only when sleepy
- ☐ Phone out of reach, clock turned away

☐ Got up if I was awake for about 20 minutes

The CareThrive takeaway

Better sleep comes mostly from steady habits. Get up at the same time every day, go to bed when you're sleepy, and get out of bed when sleep won't come. A warm bath and a calm routine help on top of that.

Expect progress over weeks, not overnight. If sleep is still hard after a month of real effort, that's a good reason to get help, and CBT-I helps most people who try it.

About CareThrive

CareThrive is a physician-founded health education platform. We share clear, trustworthy information to help individuals and families make calm, informed decisions about their health. Learn more at carethrive.org.

References

- Borbély, A. A. (1982). A two-process model of sleep regulation. *Human Neurobiology*, 1(3), 195–204.
- Drake, C., Roehrs, T., Shambroom, J., & Roth, T. (2013). Caffeine effects on sleep taken 0, 3, or 6 hours before going to bed. *Journal of Clinical Sleep Medicine*, 9(11), 1195–1200.
- Ebrahim, I. O., Shapiro, C. M., Williams, A. J., & Fenwick, P. B. (2013). Alcohol and sleep I: Effects on normal sleep. *Alcoholism: Clinical and Experimental Research*, 37(4), 539–549.
- Edinger, J. D., Arnedt, J. T., Bertisch, S. M., et al. (2021). Behavioral and psychological treatments for chronic insomnia disorder in adults: An American Academy of Sleep Medicine clinical practice guideline. *Journal of Clinical Sleep Medicine*, 17(2), 255–262.
- Feng, F., Zhang, Y., Hou, J., et al. (2018). Can music improve sleep quality in adults with primary insomnia? A systematic review and network meta-analysis. *International Journal of Nursing Studies*, 77, 189–196.
- Haghighyegh, S., Khoshnevis, S., Smolensky, M. H., Diller, K. R., & Castriotta, R. J. (2019). Before-bedtime passive body heating by warm shower or bath to improve sleep: A systematic review and meta-analysis. *Sleep Medicine Reviews*, 46, 124–135.
- Ohayon, M. M. (2002). Epidemiology of insomnia: What we know and what we still need to learn. *Sleep Medicine Reviews*, 6(2), 97–111.
- Qaseem, A., Kansagara, D., Forciea, M. A., Cooke, M., & Denberg, T. D. (2016). Management of chronic insomnia disorder in adults: A clinical practice guideline from the American College of Physicians. *Annals of Internal Medicine*, 165(2), 125–133.
- Soh, H. L., Ho, R. C., Ho, C. S., & Tam, W. W. (2020). Efficacy of digital cognitive behavioural therapy for insomnia: A meta-analysis of randomised controlled trials. *Sleep Medicine*, 75, 315–325.
- Trauer, J. M., Qian, M. Y., Doyle, J. S., Rajaratnam, S. M., & Cunnington, D. (2015). Cognitive behavioral therapy for chronic insomnia: A systematic review and meta-analysis. *Annals of Internal Medicine*, 163(3), 191–204.
- Tsai, H. J., Kuo, T. B., Lee, G. S., & Yang, C. C. (2015). Efficacy of paced breathing for insomnia: Enhances vagal activity and improves sleep quality. *Psychophysiology*, 52(3), 388–396.
- Watson, N. F., Badr, M. S., Belenky, G., et al. (2015). Recommended amount of sleep for a healthy adult: A joint consensus statement of the American Academy of Sleep Medicine and Sleep Research Society. *Sleep*, 38(6), 843–844.