SLEEP SPOKE · THE CONFIDENCE WHEEL

My Sleep Action Plan

A practical worksheet to use alongside the Better Sleep webinar

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How to use this worksheet

Fill this in during or after the webinar — or print it and write by hand. Be honest. Be specific. The more concrete your answers, the more useful this becomes. Revisit it in two weeks to track progress.

1 ABOUT MY CHILD

CHILD'S NAME (OR INITIAL)

AGE

DIAGNOSIS (IF ANY)

DATE OF THIS PLAN

2 THE SLEEP PROBLEM — IN MY OWN WORDS

Describe the main sleep difficulty (be as specific as possible — times, patterns, what happens):

Typical time child falls asleep:

e.g. 11pm

Varies — range:

Typical wake time (morning):

e.g. 7am

School days vs weekends:

3 BARRIERS I RECOGNISE IN MY CHILD

- [ ] Melatonin delay — not tired at a typical bedtime
- [ ] Hyperarousal — brain won't switch off at night
- [ ] Anxiety or worries surfacing at bedtime
- [ ] Sensory difficulties — pyjamas, bedding, light, sound, temperature
- [ ] Screens too close to bedtime
- [ ] Irregular or inconsistent routine
- [ ] Co-sleeping / difficulty settling alone

- [ ] Early morning waking

4 BEDROOM ENVIRONMENT — WHAT I'M GOING TO CHANGE

- [ ] Install blackout blinds
- [ ] Reduce room temperature to ~18°C
- [ ] Try a white noise machine or app
- [ ] Remove all screens from the bedroom
- [ ] Try different pyjamas / bedding texture
- [ ] Try a weighted blanket

Other changes I want to try:

5 MY THREE COMMITMENTS THIS WEEK

STARTING THIS WEEK, I AM GOING TO:

1 *e.g. Turn off all screens 60 minutes before bedtime every night*

2 *e.g. Install blackout blinds this weekend*

3 *e.g. Keep wake time the same every day, including weekends*

6 TWO-WEEK REVIEW

Come back to this section in two weeks. Progress is rarely linear — small improvements count.

REVIEW DATE	SLEEP IMPROVING? (1–10)	FAMILY STRESS LEVEL? (1–10)

What worked? What didn't? What am I adjusting?