

5 Tiny Habits for Better Sleep

Less pressure.

More room for rest.

Five flexible ideas for a quieter close to your day. Choose one to explore, adapt it to your circumstances, and leave what does not fit. There is no fixed deadline or promised sleep result.

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- 01 Comfortable breathing
 - 02 Gentler screen wind-down
 - 03 A simple quiet activity
 - 04 A short reflection
 - 05 A regular sleep / wake opportunity
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This guide is not diagnosis or treatment for insomnia, anxiety, sleep apnea or any other condition. It has not been reviewed by a physician. Read the safety notes and references on page 7 before you begin.

01

Comfortable breathing

A pause, not a performance.

Settle into a supported position and let your breath flow gently, without forcing it. No breath holds or counting recipe. Stop if you feel dizzy, breathless or uncomfortable; return to normal breathing or skip this idea.

Try it gently

Sit with your back supported or choose another comfortable position. Loosen restrictive clothing if useful. Notice your natural breathing, then allow an easy, unforced breath in and out. You do not need to take a very deep breath or meet a target.

Keep the pause as brief as you like. If focusing on breathing does not suit you, choose a quiet activity instead.

Comfort comes first. This is an optional wellness pause, not a breathing treatment. Follow any existing clinical advice. Seek professional advice about recurring dizziness or breathing concerns.

Make it yours

A comfortable place I could pause:

A cue I might use (for example, after brushing my teeth):

How it felt / what I would change or skip:

02

Gentler screen wind-down

A softer boundary, not a perfect ban.

Try a short screen-free pause before your intended sleep time, perhaps 15 to 30 minutes if practical. If you need a device, choose less stimulating content and reduce interruptions. This is an optional starting point, not a blue-light fix or a guarantee of sleep.

Choose a realistic boundary

Pick one thing you can put aside: work messages, scrolling, or an absorbing video. Leave essential calls or accessibility tools available. You might put the phone within reach but out of view, or silence nonessential notifications.

Replace the pause with something uncomplicated, such as a paper book or preparing your room. If your evening allows only a smaller change, start there rather than treating the plan as a test.

No single light setting solves sleep. The suggested interval is an editorial adaptation, not a clinically tested dose. Screen habits are only one part of an evening and may not resolve sleep difficulties.

Make it yours

The screen activity I could pause:

My optional pause window / essential exceptions:

What I could do instead / what felt realistic:

03

A simple quiet activity

Let the day become a little quieter.

Read a few pages, listen to quiet audio, or prepare something for tomorrow. Pick one low-pressure activity in a comfortable setting. There is no required duration and no need to make yourself feel sleepy.

Keep the choice small

Choose something familiar that does not feel like more work. Set out a book, select an easy audio track, or place tomorrow's essentials together. Reduce noise or bright light where practical, while keeping enough light to move safely.

You do not need a special product, a perfectly tidy room, or a complete evening ritual. If an activity becomes engaging or frustrating, switch to something simpler or stop.

Rest is not an assignment. These examples are editorial suggestions inspired by quiet-time guidance. They are not a treatment protocol, and you do not need to do all of them.

Make it yours

One quiet activity I already enjoy:

What I could leave ready / where it would fit:

What felt easy / what I would simplify:

04

A short reflection

A place for a thought, not a problem to solve.

Write one thing you want to remember, or one practical task that can wait until tomorrow. Keep it brief and optional. If reflection feels upsetting or pulls you into more thinking, leave it out; this is not clinical anxiety treatment.

Keep it ordinary

Use a notebook or the space below. A sentence such as "Tomorrow I will put the parcel by the door" is enough. You can also record a small moment you appreciated, without needing to find a positive angle on a difficult day.

Close the notebook when you want to. There is no need to analyze your feelings, produce a gratitude list, or finish every thought before sleep.

Skip what does not help. This is an editorial planning prompt, not a clinically validated sleep or anxiety intervention. Seek qualified support for distress or anxiety that persists or interferes with daily life.

A little space on paper

One thing I want to remember (optional):

One practical task that can wait:

Keep, change or skip this idea next time:

05

A regular sleep / wake opportunity

Protect the opportunity, not a perfect clock time.

Make space for enough sleep and aim for a reasonably regular sleep and wake window when possible. Needs vary with age and circumstances. For shift work or caregiving, adapt around your available sleep period rather than force a conventional bedtime or cut sleep short.

Plan around your real life

Look at your obligations and identify a sleep window you can realistically protect. Allow time for winding down as well as sleep. If work rotates, consider the next available sleep period rather than a single nightly schedule.

CDC guidance lists 7 or more hours for adults aged 18-60, 7-9 for ages 61-64, and 7-8 for ages 65 and older. These are general recommendations, not a personal prescription; sleep quality matters too.

Do not shorten sleep to keep a streak. This guide does not teach sleep restriction or CBT-I. Ask a qualified healthcare professional about persistent sleep difficulties or a schedule that leaves you excessively sleepy.

Make it yours

My next realistic sleep opportunity / wake window:

A work, care or travel constraint I need to allow for:

One adjustment that could protect enough sleep:

An invitation, not a prescription.

For adults exploring everyday wind-down habits. This is general wellness education, not diagnosis or treatment for insomnia, anxiety, sleep apnea or other conditions. No outcome is guaranteed. This guide has not been reviewed by a physician, and no organization or physician endorses it through the references below.

When to seek care

Talk to a qualified healthcare professional about persistent sleep difficulties, breathing concerns during sleep, or daytime sleepiness. Do not drive or operate machinery when drowsy. Stop the breathing pause if dizzy, breathless or uncomfortable. Adapt or skip any suggestion that does not suit you; do not replace existing clinical advice.

The AASM guideline [3] recommends multicomponent cognitive behavioral therapy for insomnia (CBT-I) for chronic insomnia in adults and advises against sleep hygiene as a stand-alone treatment. This guide is not CBT-I and does not teach sleep restriction.

References & their limits

1. **NHLBI. Healthy Sleep Habits.** General guidance on sleep opportunity, regular schedules, quiet time and shift work. It does not validate this five-habit package.
<https://www.nhlbi.nih.gov/health/sleep-deprivation/healthy-sleep-habits>
2. **NHS. Breathing exercises for stress.** Read for comfortable, unforced breathing. Its exercise includes optional counting and a longer practice; our pause is not that protocol or evidence of a sleep benefit.
<https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/breathing-exercises-for-stress/>
3. **Edinger JD, Arnedt JT, Bertisch SM, et al. (2021).** Behavioral and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med.* 17(2):255-262. Public abstract and recommendations read; subscription full text not reviewed. Clinical context, not endorsement.
<https://doi.org/10.5664/jcsm.8986>
4. **CDC. About Sleep.** Adult sleep-duration recommendations, sleep quality, habits and advice to discuss sleep problems with a healthcare provider. Not individualized advice.
<https://www.cdc.gov/sleep/about/index.html>

Public pages read on 2026-10-11. Planner lines, reflection prompts, activity examples and the flexible screen interval are editorial adaptations, not clinically validated interventions. Sources may change.

Your next small step

Choose one idea, note what feels practical, and adjust without pressure. There is no challenge or daily-email schedule promised. For the guide request and optional-to-join wellness updates, visit rejuvenaliving.com/download-page.html. Check your inbox to confirm; the guide is available after your request is accepted. Email arrival times can vary.