



CIMSPA PROFESSIONAL STANDARD: TECHNICAL SPECIALISM

Supporting better sleep

(FULL STANDARD)

EDITION: V1.0

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1. Overview

1.1 Technical specialism professional standard: Supporting better sleep

This professional standard outlines the technical specialism of supporting better sleep and the essential knowledge, understanding and skills that are needed to demonstrate knowledge of this topic.

This standard provides guidance for:

- the development of education products that can be submitted for CIMSPA endorsement.
- relevant level descriptors.

This standard can also be a useful tool for employers to curate job descriptions, use as an appraisal tool, help with training needs analysis or for developing career planning frameworks.

The supporting better sleep technical specialism sits in the sport and physical activity sector as part of the Health and Wellbeing industry.

The agreed industry prerequisite to supporting better sleep is to have achieved a CIMSPA-endorsed education product or products that evidence required competency statements within this professional standard.

This professional standard is underpinned by the principles of inclusive practice, equity, and respect for individual dignity. Individuals supporting better sleep are expected to recognise and respond to the diversity of individuals' backgrounds, lived experiences, and health journeys.

1.2 Endorsed qualification logo

Education products that evidence the competency statements of this CIMSPA professional standard will display this CIMSPA endorsement logo.



2. Competence and professional status

2.1 Context

The role of an individual supporting better sleep is to provide non-clinical, evidence-based support to help individuals improve their sleep through education, behaviour change, lifestyle guidance, and environmental optimisation.

They work within a defined scope, use appropriate assessment tools, and refer when symptoms indicate a possible sleep disorder or other clinical concerns.

They assess and understand an individual's sleep-related habits, lifestyle factors, and behaviours, and support them to develop practical, personalised strategies that promote healthier sleep patterns.

They work with individuals within a health and wellbeing setting, focusing on behaviour, routines, environment, and self-management rather than diagnosis or treatment.

This standard has not been designed to address diagnosed sleep disorders. Any diagnosed condition- or symptoms suggestive of a disorder, must be referred to a qualified medical practitioner or specialist sleep service.

2.2 What those who have evidenced this standard know and can do

Those who have evidenced this professional standard:

- Understand how to:
 - apply core sleep science, lifestyle influences, environmental factors, and behaviour-change principles to support healthier sleep in a non-clinical setting.
 - assess sleep-related habits, routines, lifestyle behaviours, and environmental contributors using appropriate, non-clinical assessment tools.
 - recognise when symptoms may indicate a possible sleep disorder and when referral to a qualified medical practitioner is required.
- Have demonstrated the ability to:
 - gather, interpret, and discuss sleep-related information in a person-centred, supportive, and non-directive manner.
 - create practical, personalised sleep-improvement strategies that reflect an individual's needs, preferences, and readiness to change.
 - work safely within scope, maintain professional boundaries, and uphold high standards of practice within a health and wellbeing setting.

2.3 Professional status

Once an individual has demonstrated competence of all evidence statements within this professional standard they will be eligible to be issued higher grade of professional status.

An example of the higher grade of professional status that can be issued are shown in the table below:

Occupation professional standard	Technical professional standard(s)	Professional status grade
Coach	+ Supporting better sleep	Coach Advanced Practitioner
Group Exercise Instructor	+ Supporting better sleep	Group Exercise Instructor Advanced Practitioner

3. Standard-specific product development guidance

3.1 Product development guidance

CIMSPA education partners developing education products that evidence completion of this professional standard should reference the following guidance:

[CIMSPA Product Development Guidance](#)

3.2 Education product usage and combinations

This professional standard can be used as follows:

- combined with an occupation standard to form an education product, for example:
 - occupation: Personal Trainer
 - technical specialism: Supporting better sleep
- combined with an occupation standard and additional specialism(s) to form an education product, for example:
 - occupation: Personal Trainer
 - population specialism: Working with Inactive People
 - technical specialism: Supporting better sleep
- as a standalone product that be completed as continuous professional development, for example:
 - Supporting individuals with better sleep.

3.3 Assessment minimums

Education partners should determine the total qualification time for the qualification/unit and outline the minimum requirements for practical assessment.

For the Supporting better sleep technical specialism, the minimum practical requirements have been outlined as below.

Knowledge and understanding

Education partners need to ensure that all the knowledge and understanding learning and assessment requirements are assessed via formative or summative assessment. A sufficient range of these requirements must be assessed via summative assessment.

Skills

All learners must be assessed summatively against all the skill-related learning and assessment requirements, so that they can consistently undertake the following:

- Implementation of a personalised sleep improvement strategy, over a minimum of four weeks to allow sufficient time for:
 - Behaviour change
 - Adherence or non-adherence
 - Measurable progress
 - Meaningful review and adaptation

This information will be captured within the mapping document and reviewed as part of the CIMSPA endorsement process to ensure suitability.

3.4 Assessment authenticity

It is essential that practical assessment is authentic.

Practical assessment must be conducted where possible in a real-world environment – ideally, ‘on the job’ at work, or an environment that is as close to being as ‘real world’ as possible.

- Practical assessments should be conducted using suitable participants.
- Where possible these participants should be those the learner regularly coaches or instructs, or similar types of participants.
- To maintain authenticity the participants must not be friends or family, and where practically possible not other learners.

For the Supporting better sleep technical specialism this could include, for example, undertaking coaching sessions with a group of women and girls (population) within a community environment (environment).

Reasonable adjustments can be applied where specific circumstances make this impractical, for example delivery in the prison sector.

3.5 Quality assurance

Education providers must ensure that their quality assurance meets the appropriate regulators’ guidance. This includes internal and external quality assurance processes, appropriate staffing requirements, and assessment generation/evidence.

3.6 Level descriptors

The table below shows level descriptors and explanations of what can be expected from a learner on completion of an education product evidencing knowledge, understanding and skills related to the technical specialism of:

- Supporting better sleep

These are intended to be directive, rather than prescriptive, to avoid simply reproducing identical language in the education partner’s design approach, without considering the intent and purpose of the education partner’s product and therefore help with benchmarking expected outcomes.

For this standard, the level descriptor is:

- Technical Group 2 Practitioner (level 3 equivalent)

Further information

Education providers seeking CIMSPA endorsement for a product against this occupation professional standard are asked to determine and justify the level of the product they have developed, in line with guidance provided by the level descriptor below.

Where a provider is seeking CPD endorsement, covering part of the professional standard with competency assessment included, the same level of assessment rigour must be applied as described in the level descriptors. Evidence of the type and rigour of assessment must be presented as part of CIMSPA’s CPD endorsement process.

Please refer to the [product development guidance](#) for further information.

4. Learning and assessment requirements

4.1 Key areas

This section outlines the key areas of learning and assessment (knowledge, understanding and skills) that should be contained within any educational product seeking CIMSPA endorsement against this technical specialism professional standard.

There are seven key areas of knowledge, understanding, and skills for the specialism of:

- Supporting better sleep

All are interconnected and mandatory. The key areas are:

- Key area 1: Professional practice
- Key area 2: Sleep foundations, health, and lifestyle
- Key area 3: Sleep complaints and assessment
- Key area 4: Sleep disorders
- Key area 5: Referral and signposting
- Key area 6: Sleep environment
- Key area 7: Sleep improvement strategies and coaching

4.2 Assessment coverage

Where examples: “for example” are used in the competency statement tables below this is to provide an overview of the knowledge, understanding and skills most relevant to the role – it is not mandatory to assess learners against 100% of the examples provided.

However, sufficient coverage to ensure occupational competence on achievement must be ensured. This will be reviewed as part of the CIMSPA endorsement process.

Key area 1: Professional practice

Ref	Knowledge and understanding:	Competency statement- those Supporting better sleep must:	Recommended assessment method. Exam (Ex) Portfolio (Po) Presentation (Ps) Interview (I) Essay (Es) Demonstration (D) Observation (O) Journal (J)
K1.1.1	Scope of practice	<ul style="list-style-type: none"> Describe the professional scope of practice for a sleep coach. 	Ex, Po, Ps, I, Es
K1.1.2		<ul style="list-style-type: none"> Identify how to work within the boundaries of own professional knowledge and competence in line with scope of practice. 	Ex, Po, Ps, I, Es
K1.2	Continuous Professional Development (CPD)	<ul style="list-style-type: none"> Explain the importance of staying current with sleep guidance and research and actively seeking CPD opportunities. 	Ex, Po, Ps, I, Es
K1.3	Signposting	<ul style="list-style-type: none"> Describe how, where and who to signpost individuals to for further support with their sleep. 	Ex, Po, Ps, I, Es

Key area 2: Sleep foundations, health, and lifestyle

Ref	Knowledge and understanding:	Competency statement- those Supporting better sleep must:	Recommended assessment methods
K2.1	Sleep physiology	<ul style="list-style-type: none"> • Explain the mechanisms that regulate sleep and wake using the two-process model, to include: <ul style="list-style-type: none"> ○ Homeostatic sleep drive (Process S) and how sleep pressure accumulates during wake and dissipates during sleep. ○ Circadian rhythm (Process C) including individual differences in chronotype, timing of hormone release that influence sleep and wake (for example cortisol and melatonin), and body temperature. ○ The interaction between processes to influence sleep, wake, and alertness. 	Ex, Po, Ps, I, Es
K2.2	Sleep architecture	<ul style="list-style-type: none"> • Describe sleep architecture, the two sleep types (REM and NREM), and how the body progresses through the four stages of sleep, including: <ul style="list-style-type: none"> ○ NREM Stage 1 ○ NREM Stage 2 ○ NREM Stage 3 ○ REM sleep. 	Ex, Po, Ps, I, Es
K2.3	Sex-related differences	<ul style="list-style-type: none"> • Describe the physiological differences that biological sex may have upon sleep, for example: <ul style="list-style-type: none"> ○ Predominant chronotype ○ Nocturnal melatonin secretion ○ Differences in: <ul style="list-style-type: none"> ▪ sleep quality ▪ efficiency ▪ rates of insomnia ▪ sleep apnoea. 	Ex, Po, Ps, I, Es
K2.4	Sleep across the lifespan	<ul style="list-style-type: none"> • Describe how sleep duration, architecture and timing evolve from infancy through older adulthood. 	Ex, Po, Ps, I, Es
K2.5	Determinants of healthy sleep	<ul style="list-style-type: none"> • Identify the components of sleep that are associated with significant health outcomes, including: <ul style="list-style-type: none"> ○ Recommendation of 7-9 hours' sleep for most adults 	Ex, Po, Ps, I, Es

		<ul style="list-style-type: none"> ○ Sleep quality and continuity ○ Regularity of sleep timing. 	
K2.6	Sleep and health outcomes	<ul style="list-style-type: none"> ● Identify the relationship between sleep and: <ul style="list-style-type: none"> ○ Physical health, including: <ul style="list-style-type: none"> ▪ Cardiovascular system ▪ Metabolic system ▪ Musculoskeletal system ▪ Immune system. ○ Mental health. 	Ex, Po, Ps, I, Es
K2.7.1	Sleep patterns and myths	<ul style="list-style-type: none"> ● Identify prevalent sleep patterns related to the general adult population, for example: <ul style="list-style-type: none"> ○ Sleep duration ○ Sleep quality ○ Pre-sleep behaviours ○ Sleep disruption. 	Ex, Po, Ps, I, Es
K2.7.2		<ul style="list-style-type: none"> ● Identify persistent myths associated with sleep, for example: <ul style="list-style-type: none"> ○ Functioning on less than 6 hours sleep ○ Catching up on sleep debt ○ Older adults tend to sleep more ○ More sleep is always better ○ Alcohol helps with sleep ○ Falling asleep quickly is a sign of good sleep ○ Blue light delays sleep. 	Ex, Po, Ps, I, Es
K2.8.1	Sleep and lifestyle	<ul style="list-style-type: none"> ● Describe how poor sleep can impact an individual's daily life, for example: <ul style="list-style-type: none"> ○ Physical <ul style="list-style-type: none"> ▪ Non-Exercise Activity Thermogenesis (NEAT) ▪ Daytime fatigue. ○ Cognitive <ul style="list-style-type: none"> ▪ Mental focus and performance ▪ Problem solving and creativity. ○ Emotional/ behavioural <ul style="list-style-type: none"> ▪ Emotional regulation 	Ex, Po, Ps, I, Es

		<ul style="list-style-type: none"> ▪ Irritability ▪ Motivation and drive. ○ Lifestyle/ other impacts <ul style="list-style-type: none"> ▪ Dietary behaviours and cravings ▪ Altered circadian cues (zeitgebers). 	
K2.8.2		<ul style="list-style-type: none"> • Describe how lifestyle and behaviours can impact sleep, for example: <ul style="list-style-type: none"> ○ Personal habits and routines ○ Physical activity patterns ○ Diet and meal timing ○ Light exposure ○ Hobbies and leisure activities ○ Alcohol and other drugs ○ Care responsibilities (children and pets). 	Ex, Po, Ps, I, Es
K2.9.1	Cultural, societal, and economic factors	<ul style="list-style-type: none"> • Recognise broader influences on sleep and explain how cultural, societal, and economic issues may impact sleep. 	Ex, Po, Ps, I, Es
K2.9.2		<ul style="list-style-type: none"> • Identify common societal trends and factors that impact sleep and sleep-related behaviours, for example: <ul style="list-style-type: none"> ○ 24/7 culture. ○ Work patterns for example, shift work. ○ Access to technology that displaces sleep. ○ Social activities that displace sleep. ○ Socioeconomic status. ○ Cultural or ethnic differences. ○ Urbanisation and environmental light/noise. 	Ex, Po, Ps, I, Es
K2.9.3		<ul style="list-style-type: none"> • Identify the economic burden of sleep deprivation on health services. 	Ex, Po, Ps, I, Es
K2.10.1	Physical activity and sleep	<ul style="list-style-type: none"> • Explain the difference between the sleep patterns of physically active and sedentary population groups. 	Ex, Po, Ps, I, Es
K2.10.2		<ul style="list-style-type: none"> • Describe the influence of physical activity on sleep duration and quality. 	Ex, Po, Ps, I, Es

K2.10.3		<ul style="list-style-type: none"> Describe the impact of sleep on motivation and energy availability related to physical activity. 	Ex, Po, Ps, I, Es
K2.10.4		<ul style="list-style-type: none"> Describe the relationship between sleep and muscle protein synthesis. 	Ex, Po, Ps, I, Es
K2.10.5		<ul style="list-style-type: none"> Describe the relationship between sleep and body fat/adipose tissue storage. 	Ex, Po, Ps, I, Es
K2.10.6		<ul style="list-style-type: none"> Explain the relationship between exercise timing and sleep. 	Ex, Po, Ps, I, Es
K2.10.7		<ul style="list-style-type: none"> Identify the benefits of sleep for post-exercise recovery. 	Ex, Po, Ps, I, Es
K2.10.8		<ul style="list-style-type: none"> Describe the role of appropriately timed daytime naps (if needed) in relation to physical activity. 	Ex, Po, Ps, I, Es
K2.10.9		<ul style="list-style-type: none"> Explain the importance of sleep to sport and physical activity professionals. 	Ex, Po, Ps, I, Es

Key area 3: Sleep complaints and assessment

Ref	Knowledge and understanding:	Competency statement- those Supporting better sleep must:	Recommended assessment methods
K3.1	Common sleep complaints	<ul style="list-style-type: none"> Describe a range of common sleep issues, for example: <ul style="list-style-type: none"> Inability to fall asleep in reasonable time Stress and worry Awakening during the night Sleep partner disruption for example, awakening, snoring Discomfort or pain Temperature regulation Snoring/sleep apnoea Living with disabilities Side effects of medication Travel-related 	Ex, Po, Ps, I, Es
K3.2		<ul style="list-style-type: none"> Describe different methods for assessing sleep and sleep-related factors. 	Ex, Po, Ps, I, Es

K3.3	Sleep measurement methods	• Describe the purpose of a sleep diary.	Ex, Po, Ps, I, Es
K3.4		• Describe how to assess and identify chronotype.	Ex, Po, Ps, I, Es
K3.5		• Describe how to assess and gather relevant information regarding sleep hygiene.	Ex, Po, Ps, I, Es
K3.6		• Describe the pros/cons of different sleep tracking or information gathering methods.	Ex, Po, Ps, I, Es
K3.7	Interpreting sleep data	• Explain how to interpret and understand collected sleep data and related information.	Ex, Po, Ps, I, Es
K3.8	Re-assessment	• Describe the need for periodic sleep re-assessment to evaluate the ongoing value of a sleep improvement strategy.	Ex, Po, Ps, I, Es
K3.9	Personal sleep habits	• Reflect on personal sleep-related habits and behaviours and typical sleep patterns.	Ex, Po, Ps, I, Es

Key area 4: Sleep disorders

Ref	Knowledge and understanding:	Competency statement- those Supporting better sleep must:	Recommended assessment methods
K4.1	Sleep disorders	<ul style="list-style-type: none"> • Describe a range of common sleep disorders, for example: <ul style="list-style-type: none"> ○ Insomnia Disorders ○ Sleep-Related Breathing Disorders ○ Central Disorders of Hypersomnolence ○ Circadian Rhythm Sleep-Wake Disorders ○ Parasomnias ○ Sleep-Related Movement Disorders 	Ex, Po, Ps, I, Es
K4.2	Common treatments	<ul style="list-style-type: none"> • Identify common sleep treatments available from specialist sleep services sleep disorder centres, and have an awareness of the purpose, for example: <ul style="list-style-type: none"> ○ Insomnia <ul style="list-style-type: none"> ▪ Cognitive Behaviour Therapy (CBT-I) for Insomnia 	Ex, Po, Ps, I, Es

		<ul style="list-style-type: none"> ▪ Continuous Positive Airway Pressure (CPAP) and dental devices for sleep apnoea ▪ Positional therapy (adapt sleep positioning). ○ Circadian sleep-wake disorders <ul style="list-style-type: none"> ▪ Phototherapy. ○ Medications. 	
K4.3	Travel fatigue and jet lag	<ul style="list-style-type: none"> • Explain the potential physiological and behavioural influence of travel fatigue and jet lag upon sleep, for example: <ul style="list-style-type: none"> ○ Travel-related fatigue associated with prolonged journeys and disrupted routine. ○ The mismatch between biological circadian rhythm and the external light-dark cycle following travel across time zones. Shifting external circadian cues due to changing time zones. ○ Behavioural actions that support circadian rhythm realignment. 	Ex, Po, Ps, I, Es

Key area 5: Referral and signposting

Ref	Knowledge and understanding:	Competency statement- those Supporting better sleep must:	Recommended assessment methods
K5.1	How to signpost and refer	<ul style="list-style-type: none"> • Identify how to signpost and refer to an appropriate medical professional for further consultation for potential sleep disorders or negative sleep symptoms. 	Ex, Po, Ps, I, Es
K5.2	Working within scope of practice	<ul style="list-style-type: none"> • Describe how to remain within scope of practice and provide lifestyle and behavioural change guidance to an individual who is diagnosed with a common sleep disorder. 	Ex, Po, Ps, I, Es

Key area 6: Sleep environment

Ref	Knowledge and understanding:	Competency statement- those Supporting better sleep must:	Recommended assessment methods

K6.1	Sleep environment	<ul style="list-style-type: none"> • Explain the relationship between the bedroom environment and sleep. 	Ex, Po, Ps, I, Es
K6.2		<ul style="list-style-type: none"> • Describe how factors relating to the immediate sleep environment may affect sleep, for example: <ul style="list-style-type: none"> ○ Sleep partner ○ Nocturnal noise ○ Curtains / blinds ○ Lighting ○ Ambient room temperature ○ Mattress ○ Bedding (Blankets, pillows, or bolsters) ○ Sleepwear ○ Children ○ Pets ○ Technology or devices. 	Ex, Po, Ps, I, Es
K6.3	Sleep supporting products	<ul style="list-style-type: none"> • Identify a range of sleep products and explain how these may be used to create a sanctuary conducive for sleep, including: <ul style="list-style-type: none"> ○ Mattress ○ Pillows / bolsters ○ Blankets / duvet ○ Sleepwear ○ Breathing aids ○ Temperature control ○ Noise control ○ Light control. 	Ex, Po, Ps, I, Es
K6.4	Sleep posture	<ul style="list-style-type: none"> • Describe the importance of sleeping position during the night. 	Ex, Po, Ps, I, Es

Key area 7: Sleep improvement strategies and coaching

Ref	Knowledge and understanding:	Competency statement- those Supporting better sleep must:	Recommended assessment methods
K7.1	Behaviour-change approaches	<ul style="list-style-type: none"> • Explain a range of behaviour change and sleep improvement strategies and how individuals can respond to them, for example: <ul style="list-style-type: none"> ○ Readiness to change model ○ SMART goal setting ○ Motivational interviews ○ Stimulus Control ○ Anchoring wake time ○ Sleep journaling ○ Improving the immediate sleep environment for sleep ○ Establish a regular schedule of circadian cues/behaviours – light exposure, meals, and physical activity ○ Progressive muscle relaxation ○ Visualisation ○ Meditation. 	Ex, Po, Ps, I, Es
K7.2.1	Adherence and self-management	<ul style="list-style-type: none"> • Describe the factors that influence adherence to sleep-improvement strategies, for example: <ul style="list-style-type: none"> ○ Motivation ○ Barriers ○ Facilitators ○ Lifestyle constraints ○ Environmental influences 	Ex, Po, Ps, I, Es
K7.2.2		<ul style="list-style-type: none"> • Explain how to support individuals to develop self-management skills, for example: <ul style="list-style-type: none"> ○ Recognising sleep patterns ○ Understanding triggers ○ Maintaining consistent routines 	Ex, Po, Ps, I, Es
K7.3	Coaching	<ul style="list-style-type: none"> • Describe the core principles of sleep coaching, including: <ul style="list-style-type: none"> ○ Person-centred practices 	Ex, Po, Ps, I, Es

		<ul style="list-style-type: none"> ○ Collaboration ○ Non-directive support 	
K7.4		<ul style="list-style-type: none"> ● Describe the communication approaches used in sleep coaching, for example: <ul style="list-style-type: none"> ○ Active listening ○ Open questioning ○ Reflective responses ○ Empathetic communication 	Ex, Po, Ps, I, Es

Ref	Skills:	Competency statement- those Supporting better sleep must:	Recommended Assessment methods
S1.1	Sleep regulation	<ul style="list-style-type: none"> ● Illustrate the mechanisms that regulate sleep, and how this results in differences in sleep between individuals. 	D, O, Po
S1.2	Screening	<ul style="list-style-type: none"> ● Produce a screening assessment of an individual to show how both their personal lifestyle and behaviours, and broader influences, can impact their sleep. 	D, O, Po
S1.3		<ul style="list-style-type: none"> ● Gather relevant sleep-related information using person-centred communication, including: <ul style="list-style-type: none"> ○ Sleep patterns ○ Routines ○ Lifestyle factors ○ Environmental influences. ○ Concerns ○ Priorities ○ Readiness to change 	D, O, Po
S1.4	Interpretation	<ul style="list-style-type: none"> ● Interpret an individual's sleep using different assessment tools, for example: <ul style="list-style-type: none"> ○ Written questionnaires. ○ Sleep diaries. ○ Digital sleep trackers. ○ Verbal questioning and consultation. 	D, O, Po

S1.5	Strategy design and implementation	<ul style="list-style-type: none"> Support an individual to develop a personalised plan using evidence-based sleep-improvement strategies. 	D,O, Po
S1.6		<ul style="list-style-type: none"> Demonstrate how to implement a bespoke strategy that addresses personal sleep-related habits and behaviours and provides appropriate guidance for common sleep issues. 	D, O
S1.7	Strategy monitoring and review	<ul style="list-style-type: none"> Monitor an individual's progress, review the strategy and adapt plan based on feedback. 	D, O, Po
S1.8	Professional practice	<ul style="list-style-type: none"> Work safely within scope of practice, and signpost or refer individuals appropriately to health care or specialist sleep services when needed. 	D, O

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5. Glossary

Term	Definition
Altered circadian cues (zeitgebers)	External signals (such as light, meals, activity, or temperature) that become disrupted or mistimed, leading to changes in the body's internal clock.
Anchoring wake time	Setting a consistent wake-up time every day to stabilise circadian rhythms and support regular sleep patterns.
Chronotype	Refers to individual differences in an individual's natural internal clock, which dictates preferences for sleep, wakefulness and daily peak activity.
Circadian	Relating to the body's internal 24-hour clock that regulates sleep-wake timing, hormone release, and daily rhythms.
Diurnal phase	The timing of biological processes across the day-night cycle, including when the body expects light, activity, and sleep.
Homeostatic sleep drive	The biological pressure to sleep that builds during wakefulness and reduces during sleep.
Non-Exercise Activity Thermogenesis (NEAT)	Energy used for everyday movements (e.g., walking) that can be reduced by poor sleep, affecting daily activity levels.
NREM (Non-REM) sleep	A resting state with little consciousness of the environment, low cortical activity, and almost no internal thoughts. NREM consists of three stages of increasing depth from stage 1 through to stage 3.
Progressive muscle relaxation	A relaxation technique involving tensing and releasing muscle groups to reduce physical tension and support sleep readiness.
REM (Rapid Eye Movement)	A resting state with little consciousness of the environment, high cortical activity, vivid dreams, periods of rapid eye movements, and temporary paralysis of most skeletal muscle.
Sleep architecture	The structure of sleep across the night, including the cycling through NREM stages 1–3 and REM sleep.
Sleep continuity	The degree to which sleep is uninterrupted and consolidated throughout the sleep period.
Sleep hygiene modification	Adjusting habits and the sleep environment to support better sleep (e.g., reducing light, limiting caffeine, improving routine).
Sleep quality	An individual's perception of how restful, restorative, and satisfying their sleep is.
Stimulus control	A behavioural strategy that strengthens the association between bed and sleep by limiting wakeful activities in bed.