PROTOCOL 02

Sleep Reset in 90 Days

A ninety-day workbook for people who are doing everything right and still waking up tired. What actually works, ranked by the evidence behind it, and the four numbers that decide your version.

22
cited sources, each linked to the study itself on page nine

$0
of equipment or supplements needed to run the whole thing

Reviewed by Tyra Hepworth, DNP, Medical Director

Start here.

You take the supplements. You keep the sleep schedule. So why are you still exhausted?

You've probably heard most of what's in here. What nobody hands you is a plan in order, ranked by how well the evidence holds up. This is that plan.

It takes fifteen minutes a day, most of it outdoors. You need no equipment. You don't have to swallow a supplement to make the rest of it work. Don't get us wrong, supplements can help. They just come after a strong foundation.

The one thing that needs a number is on page four. It's a cutoff most lab reports don't use. So people like you are often told a result is fine when it's answering a different question. You can take that page to any provider you already see.

WHAT NINETY DAYS WILL AND WILL NOT CHANGE

What moves. How fast you fall asleep, how long you lie awake at night, and how much of your time in bed you spend asleep.

What usually does not. Your total hours. That's the expected result here. Page six shows you how to tell the two apart.

HOW TO USE THIS

Read pages 2 to 4 now. Six to ten minutes. What works, the ninety days, and the four numbers.

Print pages 5 to 8. A setup page, a seven-night diary, a tracker, and a bad-night plan.

Start tonight. Page five takes ten minutes.

Check in at day 30, 60 and 90. Prompts are on page seven.

SEE A CLINICIAN FIRST IF

You snore loudly, or someone has seen you stop breathing. You fall asleep during the day without meaning to. Your sleep changed suddenly, not slowly. You act out dreams. You have a seizure disorder, or you drive for work. This protocol is education. Don't work around any of these on your own.

IF YOU READ NOTHING ELSE

Pick one wake-up time, and keep it seven days a week, including Saturday. Then get outside within thirty minutes of waking.

This has been shown to help the most, and it costs nothing. And did you know that how *regular* your sleep is predicts more about long-term health than how many hours you get?

Ranked by how strong the evidence is.

Most sleep advice comes as a flat list where everything looks equally important. At ALYZE, we know it's not. Here's the same advice sorted, including what to skip. The bars show how much evidence sits behind each tier.

1 Do these first — STRONG EVIDENCE

Fix your wake-up time	Wake up at the same time, seven days a week, weekends included. One study tracked around 60,000 adults wearing activity sensors. How regular their sleep was predicted their risk of death better than how long they slept. It's the anchor for everything else here.
Get sunlight first thing	Get outdoors within thirty minutes of waking. This helps stop melatonin production, which can help you feel more alert. Even a cloudy morning is many times brighter than a well-lit room. Timing matters, and page five covers it. Light at the wrong hour for your clock pushes you later instead of earlier.
Turn evening light down	Dim the house lights for the three hours before bed. Normal room lighting is enough to shift your clock, so dimming it does real work. Use lamps instead of ceiling lights, and warmer bulbs where you can.
Structured insomnia therapy	Sleeping badly for months? The treatment with the best evidence is a structured behavioral program, ahead of any supplement. Ask a clinician for cognitive behavioral therapy for insomnia by name.

2 Then these — GOOD EVIDENCE

No caffeine for six hours	In a controlled trial, a large dose taken six hours before bed still disturbed sleep. That dose was about four cups. So this is about the afternoon habit, more than one small coffee. Six hours is the sensible line.
Cut out alcohol	Alcohol helps you fall asleep faster. Then it breaks up your sleep in the second half of the night. It's a sedative. It's also the item people most often mistake for a sleep aid.
Be careful with evening training	Evening exercise usually doesn't harm sleep, and it may help. The exception is hard exercise that ends within about an hour of bed. So keep the session and move the finish line.
Darken & cool your room	Sleep starts as your core temperature falls, so heat is the bigger enemy of the two. Keep your room cool and dark, and charge the phone in another room.

3 Optional — LIMITED EVIDENCE

Take magnesium & L-theanine	Both are cheap, and safe if your kidneys work normally. The evidence behind both is small and less certain than the tiers above. Treat them as an add-on, and build the foundation first.
Melatonin, carefully	The effect is modest. It works on timing more than it makes you sleepy. So bedtime is often the wrong hour for it. Know this before you buy. One analysis of 31 products found doses from 83 percent below to 478 percent above the label. A quarter of them also held serotonin, a controlled substance. Use a third-party verified brand.

4 Skip these — EVIDENCE SAYS OTHERWISE

Sleep hygiene lists, alone	Used alone, this is the one thing sleep guidelines actively recommend against. That's awkward, given how many of these lists exist. The steps in this protocol work as a whole program, not as a poster.
Don't chase deep sleep percentages	Consumer trackers were tested against clinical monitoring. They detect sleep well and detect being awake poorly. Their sleep stages don't agree from night to night. They're least accurate on the broken nights you most want to understand. Use yours to track sleep timing, and ignore the stage breakdown.
More time in bed	Do you already fall asleep fast and wake up refreshed on six and a half hours? Then more time in bed lowers the quality of your sleep. Extending sleep helps people who cut it short. Page five tells you which one you are.

What you do, in this order.

Four phases. One thing gets added at a time, on purpose. That way, when something works, you know what it was.

1-7	8-30	31-60	61-90
BASELINE	PHASE ONE	PHASE TWO	PHASE THREE

BASELINE

Days 1 to 7

One week

Measure before you change anything.

- Fill in the seven-night diary on page six. Write it each morning, not from memory on the weekend.
- Do the setup page: wake time, caffeine cutoff, dim-down time, body clock type, and the five-question screen.
- Don't change anything else this week. A baseline you've tampered with tells you nothing at day ninety.

> Why it matters: people who are short on sleep for weeks tend to underestimate how impaired they are. A written record beats memory.

PHASE ONE

Days 8 to 30

Three weeks

The two big levers.

- **One wake time, seven days a week.** This is the part people bargain with. It's also the part with the strongest evidence in the protocol.
- **Light within thirty minutes of waking**, outside if you can, for ten to twenty minutes. Then dim the house for the three hours before bed.
- Last caffeine six hours before bed. Cut back on alcohol, and write it down.
- Finish hard training at least an hour before bed.
- Tick each day on the tracker. Two marks: one for the wake time, one for the light.

> Give this three full weeks before you judge it. Body clocks move slowly, and the first week often feels worse.

PHASE TWO

Days 31 to 60

One month

Add one thing, based on what the diary showed.

- **If you sleep much longer on free days**, you're cutting sleep short. You aren't sleeping poorly. Move bedtime fifteen minutes earlier each week until the free-day gap closes.
- **If you're in bed long enough and still awake**, that may be insomnia instead of a shortage. Adding hours makes it worse. This is where structured therapy belongs. Ask for it by name.
- **Either way**, add five minutes a day of slow breathing. Aim for about six breaths a minute, with the out-breath longer than the in-breath. A large, steady body of evidence shows it calms the nervous system. It's just five minutes.
- If a number came back low on page four, fix it during this phase.

PHASE THREE

Days 61 to 90

One month

Hold it, then compare.

- Add nothing new in this phase. This is when the wake time quietly slips, and putting it back is most of the work.
- Repeat the seven-night diary in the final week. Print a new copy of page six if you need one.
- Fill out the day-ninety review on page eight. Compare it side by side with your first week.

> A realistic result: you fall asleep faster, lie awake less at night, and spend more of your time in bed asleep. Total hours usually move least, and that's expected.

What to ask for, and the threshold to ask about.

Has the free half of this protocol moved nothing by day thirty? Then these are the four things worth checking. Take this page to whoever runs your bloodwork. All four are ordinary tests.

01 Ferritin, your iron stores

LOOK FOR 75 & BELOW

WHY IT'S HERE

Low iron stores are one of the most treatable causes of restless legs. Restless legs are one of the most missed causes of broken sleep. Low iron is common in people who train hard, have periods, give blood, or eat mostly plants.

ASK FOR THE SPECIFIC NUMBER

Many reports don't flag iron until it's very low. But the international guideline for restless legs supports treating at a ferritin of **75 or below**. So a result can be flagged normal and still be low for this question. Ask for the number itself, not the word normal. Do the five-question screen on page five first. The number means little without the symptoms.

02 TSH, free T4 and free T3

DON'T TAKE BIOTIN BEFOREHAND

WHY IT'S HERE

A thyroid that's out of range in either direction disturbs sleep. One running hot does it hardest. Thyroid tests are a standard check for ongoing tiredness, so check it once, properly.

WHAT TO DO WITH THE ANSWER

There's no single threshold here, but most labs flag a TSH above roughly 4. Stop any biotin supplement at least 48 hours before the test. Biotin skews thyroid results in either direction, and it's in a lot of hair, skin and nail supplements. After the test, ask for each number with the lab's own reference range beside it. Ranges differ between labs.

A note on T3. T4 is mostly storage. Your body turns it into T3, the form that does the work. So how you feel tends to track T3 more closely. Plenty of panels leave it off, so ask for it by name. Read all three numbers together with your clinician, not one at a time.

03 Vitamin D

CORRECT, DON'T CHASE

WHY IT'S HERE

Low vitamin D is common at this latitude from November to February. Your skin makes very little of it in winter.

WHAT TO DO WITH THE ANSWER

If you're truly deficient, fixing it is easy and worth doing for its own sake. The sleep benefit is real, but it's modest and rests on a small number of trials. So treat any sleep gain as a bonus. Dose daily, never as a large monthly or yearly dose.

04 Testosterone, for men

DOWNSTREAM, NOT UPSTREAM

WHY IT'S HERE

Men often arrive sure the tiredness is a hormone problem. Usually the arrow runs the other way.

WHAT TO DO WITH THE ANSWER

Draw it in the morning, fasting, and don't act on one reading. Guidelines call for two separate morning samples. About three in ten men whose first result looks low come back normal on a repeat. A low value during a stretch of bad sleep is a reason to fix the sleep, screen for sleep apnea, and retest.

WHAT TO SAY, IF IT HELPS

"I've been sleeping badly for a while. Could we run ferritin, thyroid, and vitamin D? Could I have the actual numbers, not just whether they're in range? I've read that the iron threshold for restless legs is higher than the usual cutoff. I'd like to know where I sit against that one."

Write your results on page five so they're all in one place. If a number comes back low, talk to a clinician before you start a new supplement on your own. Never take iron without testing, because too much of it causes its own problems.

Set up your ninety days.

Six questions, ten minutes, once. Everything after this is checking off boxes.

1 What time will you wake up, every day?

Pick the time you'd naturally wake without an alarm, if you can. Weekends included.

My wake time, all seven days

An hour you only manage on workdays isn't a wake time. It's an alarm.

2 What two times follow from that?

Work backwards from the bedtime your wake time implies.

Last caffeine

Bedtime minus six hours.

Lights down

Bedtime minus three hours.

3 When does your body want to wake up?

Light is how you move your body clock, and the timing matters more than the amount. Answer for a Saturday with no alarm and nothing on. Tick one.

- ☐ **A** · Left alone, I wake before 7:30 and I'm useful early.
- ☐ **B** · Left alone, I wake between 7:30 and 9:30.
- ☐ **C** · Left alone, I wake after 9:30 and evenings are my best hours.

SO MY LIGHT WINDOW IS

A or B: light straight after waking. **C:** start light about an hour *after* your natural wake time, then pull it fifteen minutes earlier each week.

4 Is your setup done?

One evening of work. Tick all eight before day one.

- ☐ Alarm set to my wake time, on all seven days.
- ☐ Phone charges outside the bedroom. Buy a cheap alarm clock if you need one.
- ☐ A lamp I can use instead of the ceiling light in the evening.
- ☐ Bedroom made properly dark. Tape over standby lights counts.
- ☐ Room cooler at night than during the day.
- ☐ Coffee moved earlier, or a decaf I actually like bought.
- ☐ Tracker printed and somewhere I'll see it, not in a folder.
- ☐ Day 30, 60 and 90 in my calendar now.

5 Do your legs keep you awake?

These are the five things clinicians look for when they're considering restless legs. Tick only the ones clearly true for you.

- ☐ An urge to move my legs, usually with an uncomfortable sensation I struggle to describe.
- ☐ It starts or gets worse when I'm resting or sitting still.
- ☐ Moving relieves it, at least while I keep moving.
- ☐ It's worse in the evening or at night than during the day.
- ☐ It isn't better explained by cramp, positional discomfort, or a habit of jiggling my leg.

All five ticked? Take that to a clinician along with the ferritin question on page four. Fewer than five isn't a no. It's a reason to describe it out loud rather than diagnose yourself from a page.

6 What did your numbers come back as?

Fill this in when you get results. Page four tells you what to ask for.

TEST	RESULT	DATE	WHAT WE SAID TO LOOK FOR
Ferritin			75 & below
TSH, free T4 & free T3			No biotin for 48 hours first
Vitamin D			Correct if deficient
Testosterone, men			Two morning draws

Seven nights.

Fill this in during your first week, before you change anything, then again in the last week of the ninety days. Write it in the morning while it's still fresh. Estimates are fine, and watching the clock all night is worse than guessing.

NIGHT	IN BED AT	ASLEEP AT, ROUGHLY	AWAKE IN THE NIGHT, MINS	UP AT	LAST CAFFEINE	ALCOHOL	TRAINING, AND WHEN	MORNING ENERGY, 1 TO 5
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								

THE ONE QUESTION THIS WEEK IS REALLY ASKING

On a free day with no alarm, how much longer do I sleep than on a work day?

More than an hour, most weeks, means you're cutting sleep short during the week. That points you to phase two, extension. Under an hour, with time awake in bed, points the other way.

What I noticed this week

YOUR WEEK, IN FOUR NUMBERS

Avg time to fall asleep	Avg minutes awake at night	Avg hours asleep	Avg morning energy

These four are what you'll compare at day ninety. Falling asleep faster and less time awake in the night are the two that usually move most. Hours asleep tends to move least, and that's the expected result rather than a disappointment.

Ninety days.

Two marks a day. A dot in the corner if you kept the wake time, a line through the box if you got your light. Missing a day isn't a failure. Missing three in a row is your signal to look at what changed.

	MON	TUE	WED	THU	FRI	SAT	SUN
WK 1	1	2	3	4	5	6	7
WK 2	8	9	10	11	12	13	14
WK 3	15	16	17	18	19	20	21
WK 4	22	23	24	25	26	27	28
WK 5	29	30	31	32	33	34	35
WK 6	36	37	38	39	40	41	42
WK 7	43	44	45	46	47	48	49
WK 8	50	51	52	53	54	55	56
WK 9	57	58	59	60	61	62	63
WK 10	64	65	66	67	68	69	70
WK 11	71	72	73	74	75	76	77
WK 12	78	79	80	81	82	83	84
WK 13	85	86	87	88	89	90	

Dot wake time kept **Line** morning light **Blank** a day, not a verdict

DAY 30

How many days did I keep the wake time? What got in the way on the ones I missed?

DAY 60

Is the free half working on its own? If not, have I checked the four numbers on page four yet?

DAY 90

Rerun the diary on a fresh page six, then do the review on page eight.

Decide this now, not at 3am.

YOUR PLAN FOR A BAD NIGHT

Awake for more than about twenty minutes and clearly not drifting off? Get up. Go to another room. Keep the lights low. Do something dull and analog until you feel sleepy, then go back.

Lying in bed awake teaches your brain that bed is where you think. Getting up protects the association, and it's the single most useful thing on this page.

Then, the next morning: get up at your usual time anyway. Sleeping in to catch up is what turns one bad night into a bad fortnight.

My dull, low-light thing will be:

STOP AND SEE A CLINICIAN

- Loud snoring, or someone has seen you stop breathing.
- Falling asleep during the day without meaning to.
- Sleep that changed suddenly rather than gradually.
- Acting out dreams, or waking confused and disoriented.
- Low mood or anxiety that's running the show. Sleep is a symptom there, and treating it alone won't be enough.
- Any thought of starting iron. That needs a test first, in both directions.

None of these mean the protocol was wrong. They mean the protocol isn't the whole answer, and knowing that at week two is worth more than finding out at week twelve.

DAY NINETY, SIDE BY SIDE

THE FOUR NUMBERS	WEEK 1	WEEK 13
Time to fall asleep		
Minutes awake at night		
Hours asleep		
Morning energy, 1 to 5		
Days the wake time held		

If the first two moved and the third didn't, that's the normal shape of a good result. Better nights, not longer ones. If nothing moved and you kept the wake time most days, that's genuinely useful information, and it's the point at which the four numbers on page four stop being optional.

IF YOU WANT THE MEASURED VERSION

ALYZE is a whole health club in Bountiful with a CLIA-certified lab in the building. Ferritin, thyroid, vitamin D and testosterone can all be tested here. A practitioner reads your results with you, against what you came in describing, and retests every ninety days so one result becomes a direction. Sleep and energy are among the most common concerns people bring to us.

The easiest way in is the 7-day free trial, with no card and no commitment. **alyze.health** · (801) 348-6440 · 155 W 500 S #3, Bountiful

SCAN TO START

Reviewed by Tyra Hepworth, DNP, Medical Director, ALYZE. This workbook is educational and is not medical advice, and it is not a substitute for assessment by a clinician who can examine you. Do not start, stop or change any medication or supplement on the strength of a page. Every claim in here is sourced on page nine.

Every number in here, and where it came from.

Twenty-two sources. Each one was checked against the published record, and every link goes to the study itself rather than to somebody's summary of it. Where the evidence is thin, the page it sits on says so.

HOW REGULAR, AND WHEN THE LIGHT LANDS

1 **Windred DP, et al.** Sleep regularity is a stronger predictor of mortality risk than sleep duration: a prospective cohort study. *Sleep*, 2024. pubmed.ncbi.nlm.nih.gov/37738616

2 **Brown TM, et al.** Recommendations for daytime, evening, and nighttime indoor light exposure to best support physiology, sleep, and wakefulness in healthy adults. *PLoS Biology*, 2022. pubmed.ncbi.nlm.nih.gov/35298459

3 **Zeitzer JM, et al.** Sensitivity of the human circadian pacemaker to nocturnal light: melatonin phase resetting and suppression. *Journal of Physiology*, 2000. pubmed.ncbi.nlm.nih.gov/10922269

4 **Khalsa SB, et al.** A phase response curve to single bright light pulses in human subjects. *Journal of Physiology*, 2003. pubmed.ncbi.nlm.nih.gov/12717008

THE HABITS AROUND THE NIGHT

5 **Drake C, Roehrs T, Shambroom J, Roth T.** Caffeine effects on sleep taken 0, 3, or 6 hours before going to bed. *Journal of Clinical Sleep Medicine*, 2013. pubmed.ncbi.nlm.nih.gov/24235903

6 **Ebrahim IO, et al.** Alcohol and sleep I: effects on normal sleep. *Alcoholism: Clinical and Experimental Research*, 2013. pubmed.ncbi.nlm.nih.gov/23347102

7 **Stutz J, Eiholzer R, Spengler CM.** Effects of evening exercise on sleep in healthy participants: a systematic review and meta-analysis. *Sports Medicine*, 2019. pubmed.ncbi.nlm.nih.gov/30374942

8 **Okamoto-Mizuno K, Mizuno K.** Effects of thermal environment on sleep and circadian rhythm. *Journal of Physiological Anthropology*, 2012. pubmed.ncbi.nlm.nih.gov/22738673

9 **Laborde S, et al.** Effects of voluntary slow breathing on heart rate and heart rate variability: a systematic review and meta-analysis. *Neuroscience and Biobehavioral Reviews*, 2022. pubmed.ncbi.nlm.nih.gov/35623448

10 **Van Dongen HPA, et al.** The cumulative cost of additional wakefulness: dose-response effects from chronic sleep restriction. *Sleep*, 2003. pubmed.ncbi.nlm.nih.gov/12683469

THERAPY, SUPPLEMENTS, AND TRACKERS

11 **Trauer JM, et al.** Cognitive behavioral therapy for chronic insomnia: a systematic review and meta-analysis. *Annals of Internal Medicine*, 2015. pubmed.ncbi.nlm.nih.gov/26054060

12 **Edinger JD, et al.** Behavioral and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline. *Journal of Clinical Sleep Medicine*, 2021. pubmed.ncbi.nlm.nih.gov/33164742

13 **Mah J, Pitre T.** Oral magnesium supplementation for insomnia in older adults: a systematic review and meta-analysis. *BMC Complementary Medicine and Therapies*, 2021. pubmed.ncbi.nlm.nih.gov/33865376 Read with its 2024 correction, /39702257

14 **Bulman A, et al.** The effects of L-theanine consumption on sleep outcomes: a systematic review and meta-analysis. *Sleep Medicine Reviews*, 2025. pubmed.ncbi.nlm.nih.gov/40056718

15 **Erland LA, Saxena PK.** Melatonin natural health products and supplements: presence of serotonin and significant variability of melatonin content. *Journal of Clinical Sleep Medicine*, 2017. pubmed.ncbi.nlm.nih.gov/27855744

16 **Chinoy ED, et al.** Performance of seven consumer sleep-tracking devices compared with polysomnography. *Sleep*, 2021. pubmed.ncbi.nlm.nih.gov/33378539

17 **Tasali E, et al.** Effect of sleep extension on objectively assessed energy intake among adults with overweight: a randomized clinical trial. *JAMA Internal Medicine*, 2022. pubmed.ncbi.nlm.nih.gov/35129580

THE FOUR NUMBERS ON PAGE FOUR

18 **Allen RP, et al.** Evidence-based and consensus clinical practice guidelines for the iron treatment of restless legs syndrome in adults and children. *Sleep Medicine*, 2018. pubmed.ncbi.nlm.nih.gov/29425576

19 **Zhang Y, et al.** Assessment of biotin interference in thyroid function tests. *Medicine (Baltimore)*, 2020. pubmed.ncbi.nlm.nih.gov/32118725

20 **Abboud M.** Vitamin D supplementation and sleep: a systematic review and meta-analysis of intervention studies. *Nutrients*, 2022. pubmed.ncbi.nlm.nih.gov/35268051 Three trials pooled, which is why page four calls the benefit modest.

21 **Bhasin S, et al.** Testosterone therapy in men with hypogonadism: an Endocrine Society clinical practice guideline. *Journal of Clinical Endocrinology and Metabolism*, 2018. pubmed.ncbi.nlm.nih.gov/29562364

22 **Ross DS, Burch HB, Cooper DS, et al.** Guidelines for diagnosis and management of hyperthyroidism and other causes of thyrotoxicosis. *Thyroid*, 2016. pubmed.ncbi.nlm.nih.gov/27521067

HOW THE BARS ON PAGE TWO WORK

4 of 4 · Strong evidence. Several randomized trials, or a large meta-analysis, all pointing the same way.

3 of 4 · Good evidence. Meta-analyzed, but on fewer trials, or resting on one well-run study.

1 of 4 · Limited evidence. Small trials, or the researchers themselves call the certainty low.

0 of 4 · Evidence says otherwise. The research points away from it, so it's on the page to be skipped.

We never move a bar up to make a tier look stronger. If a bar sits at one, the copy beside it says so in plain words.

Next in the library. Protocol 05, Stronger in 90 Days · Protocol 06, Strength Training for Perimenopause

Reviewed by Tyra Hepworth, DNP, Medical Director, ALYZE. This workbook is educational and is not medical advice. Two things in here are honest limits rather than findings, and both are stated on the page they affect: total hours asleep is the number that moves least over ninety days, and the ferritin threshold of 75 comes from a guideline that also conditions it on a transferrin saturation result, which is a separate test worth asking for by name.