

# CBT-I Sleep Training

Recover The Healthy Natural Sleep You Need  
for Living Your Best Life.



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# Personal Sleep Transformation Plan

- **Rapid Relief:**
  - “Shrink It” Schedule - Bed Time: Rise Time:
  - Escape. Hang Out. Try Again.
  - Smart Naps
- **Secrets of the Teflon Mind**
- **Enhanced Recovery Demand**
- **Ridiculous Art of Doing Nothing**
- **Healthy Sleep Habits**
- **Medication Escape Plan**

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## Sleep Diary Instructions

### **General Instructions**

**What is a Sleep Diary?** A sleep diary is designed to gather information about your daily sleep pattern.

**How often and when do I fill out the sleep diary?** It is necessary for you to complete your sleep diary every day. If possible, the sleep diary should be completed within one hour of getting out of bed in the morning.

**What should I do if I miss a day?** If you forget to fill in the diary or are unable to finish it, leave the diary blank for that day.

**What if something unusual affects my sleep or how I feel in the daytime?** If your sleep or daytime functioning is affected by some unusual event (such as an illness, or an emergency) you may make brief notes on your diary.

**What do the words “bed” and “day” mean on the diary?** This diary can be used for people who are awake or asleep at unusual times. In the sleep diary, the word “day” is the time when you choose or are required to be awake. The term “bed” means the place where you usually sleep.

**Will answering these questions about my sleep keep me awake?** This is not usually a problem. You should not worry about giving exact times, and you should not watch the clock. Just give your best estimate.

### **Item Instructions**

Use the guide below to clarify what is being asked for each item of the Sleep Diary.

*Date:* Write the date of the morning you are filling out the diary.

- 1. What time did you get into bed?* Write the time that you got into bed. This may not be the time that you began “trying” to fall asleep.
- 2. What time did you try to go to sleep?* Record the time that you began “trying” to fall asleep.
- 3. How long did it take you to fall asleep?* Beginning at the time you wrote in question 2, how long did it take you to fall asleep.
- 4. How many times did you wake up, not counting your final awakening?* How many times did you wake up between the time you first fell asleep and your final awakening?
- 5. In total, how long did these awakenings last?* What was the total time you were awake between the time you first fell asleep and your final awakening. For example, if you woke 3 times for 20 minutes, 35 minutes, and 15 minutes, add them all up ( $20+35+15=70$  min or 1 hr and 10 min).
- 6. What time was your final awakening?* Record the last time you woke up in the morning.
- 7. What time did you get out of bed for the day?* What time did you get out of bed with no further attempt at sleeping? This may be different from your final awakening time (e.g. you may have woken up at 6:35 a.m. but did not get out of bed to start your day until 8:20 a.m.)
- 8. How would you rate the quality of your sleep?* “Sleep Quality” is your sense of whether your sleep was good or poor.
- 9. Comments* If you have anything that you would like to say that is relevant to your sleep feel free to write it here.

Consensus Sleep Diary (Core Items Only)  
**Sample**

ID/Name: \_\_\_\_\_

Today's date	4/5/08								
1. What time did you get into bed?	10:15 p.m.								
2. What time did you try to go to sleep?	11:30 p.m.								
3. How long did it take you to fall asleep?	1 hour 15 min.								
4. How many times did you wake up, not counting your final awakening?	3 times								
5. In total, how long did these awakenings last?	1 hour 10 min.								
6. What time was your final awakening?	6:35 a.m.								
7. What time did you get out of bed for the day?	7:20 a.m.								
8. How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	
9. Comments (if applicable)	Sleep Medication I have a cold Naps								

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## Cost of Insomnia Checklist

In addition to its financial burden, poor sleep affects health, work, family, and social life in many ways. This checklist will help identify the full cost poor sleep is having for you personally. Please check the boxes for ALL that apply.

### Financial Costs:

Lost work time:	\$ _____	Devices:	\$ _____
Lost work productivity:	\$ _____	Healthcare Copays:	\$ _____
Supplements:	\$ _____	Healthcare Procedures:	\$ _____
Medications:	\$ _____	Total:	\$ _____

### Cost to Your Health:

- |   |   |
|---|---|
| <input type="checkbox"/> Sleep problem is making me sick                    | <input type="checkbox"/> Risk of falls                      |
| <input type="checkbox"/> Sleep is exacerbating illness                      | <input type="checkbox"/> Risk of medical problems           |
| <input type="checkbox"/> Worried about risk of dementia                     | <input type="checkbox"/> Too tired to exercise              |
| <input type="checkbox"/> News and or doctors tell me Insomnia is bad for me | <input type="checkbox"/> Stressed without good reason       |
| <input type="checkbox"/> "Trapped" by medications                           | <input type="checkbox"/> Stay beautiful                     |
| <input type="checkbox"/> Weight Gain  | <input type="checkbox"/> Aging - stresses and complications |

### Family Cost:

- |  |  |
|--|--|
| <input type="checkbox"/> Not being the spouse I should be              | <input type="checkbox"/> Seen by friends and family as Unreliable or "flaky" |
| <input type="checkbox"/> Not being the parent I should be              | <input type="checkbox"/> Judged as lazy                                      |
| <input type="checkbox"/> Can't care for grandchildren                  | <input type="checkbox"/> Irritability and unkindness                         |
| <input type="checkbox"/> Can't care for my home the way I should.      | <input type="checkbox"/> Unable to babysit due to fatigue                    |
| <input type="checkbox"/> Reconnect/grow closer with spouse (Unspoken?) |  |

### Cognitive Cost:

- Memory and attention problems
- Make wise decisions
- Worried I won't be able to remain independent
- Use financial resources wisely
- Avoid becoming a victim of fraud
- Avoid driving/Unable to drive

### Mental and Emotional Cost:

- Can't enjoy retirement
- Unable to enjoy all they worked so Hard for
- Unable to enjoy the wonderful life I have
- Don't feel rested and energetic
- Can't maintain my energy level
- Unable to feel grateful, content, and at peace
- Feel like a burden on friends and Family
- Unmotivated or uninterested
- Daytime Sleepiness and fatigue
- Daytime discomfort after a bad Night
- Feel helpless and out of control
- Feel helpless, hopeless, and alone in solving problem of insomnia
- Worried because medications and other sleep solutions have not worked for me.
- Devices don't work (FitBit, Alpha Stim, Sleep Shepherd, etc.)
- Pills or supplements don't work
- Feel misunderstood by friends and Family
- Overreacting to stress
- Worry about daytime function
- Worry about sleep
- Discomfort of sleeplessness

### Work Cost:

- Give back to community
- Volunteer
- Judged as lazy
- Can't travel
- Unmotivated or uninterested

### Social and Recreational Cost:

- Disconnected from friends
- Don't know if will feel well enough to participate in social activities
- Seen by friends and family as Unreliable or "flaky"
- Judged as lazy
- Can't travel
- Irritability and unkindness
- Social isolation
- Feel misunderstood by friends and Family

## Dysfunctional Beliefs About Sleep Scale

Please indicate to what extent you personally agree or disagree with each statement by circling a number that indicates where your personal rating falls.

1. I need 8 hours of sleep to feel refreshed and function well during the day.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

2. When I don't get the proper amount of sleep on a given night, I need to catch up on the next day by napping or on the next night by sleeping longer.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

3. I am concerned that chronic insomnia may have serious consequences on my physical health.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

4. I am worried that I may lose control over my ability to sleep.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

5. After a poor nights sleep, I know that it will interfere with my daily activities on the next day.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

6. In order to be alert and function well during the day, I am better off taking a sleeping pill rather than having a poor night's sleep.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

7. When I feel irritated, depressed, or anxious during the day, it is mostly because I did not sleep well the night before.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

8. When I sleep poorly on one night, I know it will disturb my sleep schedule for the whole week.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

9. Without an adequate night's sleep, I can hardly function the next day.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

10. I can't ever predict whether I'll have a good night's sleep.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

11. I have little ability to manage the negative consequences of disturbed sleep.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

12. When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

13. I believe insomnia is essentially the result of a chemical imbalance.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

14. I feel insomnia is ruining my ability to enjoy life and prevents me from doing what I want.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

15. A "nightcap" before bedtime is a good solution to sleeplessness.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree

16. It usually shows in my physical appearance when I haven't slept well.

Strongly Disagree 1 2 3 4 5 6 7 8 9 10 Strongly Agree