

SLEEP BACKGROUND INFORMATION

Please answer the following questions and focus on your last week of sleep. If the last week was not a typical week of sleep for you, focus on the most recent typical week of sleep.

Sleep-Wake Problems

Do you have a problem with falling asleep? (No, Mild, Moderate, Severe)

Do you have a problem with staying asleep? (No, Mild, Moderate, Severe)

Do you have a problem with waking up too early in the morning? (No, Mild, Moderate, Severe)

Do you have a problem with staying awake during the day? (No, Mild, Moderate, Severe)

How many nights a week do you have these sleep difficulties?

How long, once you turn out the lights with the intention of falling asleep does it usually take you to fall asleep?

Once you fall asleep do you wake up during the night?

What do you do when you can't fall asleep or return to sleep?

Have you noticed any pattern to your sleep difficulties across the week (or month)?

Is your sleep better/worse/same when you go away from home?

After a stressful or bad day, have you found that your sleep is worse or better?

What types of factors make your sleep problem worse (e.g., stress at work, travel plans, emotional tension)?

What types of factors improve your sleep (e.g., vacation, sex, distractions)?

How concerned are you about sleep/insomnia?

What impact does insomnia have on your mood/alertness/performance?

How do you cope with these daytime sequelae?

Have you stopped doing anything (other than sleeping) because of insomnia?

How would your life be different if you didn't have insomnia (e.g., work harder, take care of children)?

SLEEP BACKGROUND INFORMATION

At what time do you last awaken in the morning (wake up)? _____ o'clock

How do you usually wake up? (e.g., Alarm, automatically, child/pet, other environmental cue)

How often do you intentionally nap? Where do you usually nap and for how long?

How likely are you to doze or unintentionally nod off during the evening? Where and when does this happen?

How do you feel in your bedroom? (e.g., anxious, frustrated, sad, restful, calm)

What is your typical nighttime routine? What do you do (watch tv, read, play videogames, work/play on the computer)?
Who is around with you?

How do you decide when to go to bed for the night? Do you have a bed time or do you typically go to bed just whenever you feel sleepy? Do you fall asleep outside of your bed, before deciding to go to bed?

What do you typically do in bed prior to sleeping (tv, use mobile device, read, etc.)?

Are you sleeping with a bed partner?

What is your bed partner's sleep like?

Sleep Problem History

How long have you been suffering from sleep difficulties? (specify in years and months)

Were there any stressful life events related to its onset? Was it a gradual or sudden onset?

What have been the course of your insomnia problem since its onset (e.g., persistent, episodic, seasonal, etc.)?

Prior to this current period of insomnia, did you have any sleep difficulties? If so, how were they resolved?

Sleeping Aids

In the past 4 weeks have you used sleeping medication or supplements (e.g., melatonin)? If yes, which drugs?

Prescribed, over-the-counter, or both?

How many nights/week do you use the medication/supplements?

SLEEP BACKGROUND INFORMATION

If no, have you ever used sleeping medication/supplements?

Physical Health & Mental Health History

Do you use tobacco? About how much tobacco do you use in a typical day?

Do you use any forms of Marijuana or CBD? About how much do you use in a typical day?

How many caffeinated beverages do you typically drink in the day? Any after 4pm?

How often do you exercise? What type of exercise do you do?

How many alcoholic beverages do you drink in a typical day? Have you noticed any changes in your alcohol consumption since your sleep problems began?

Current medical problems: (List any health conditions or treatments)

Current medications: (Provide medication name, dose, frequency taken, purpose)

Any significant hospitalizations or surgery?

Are you currently receiving psychological or psychiatric treatment for emotional or mental health problems? What was the reason?

What other treatments or strategies have you tried in the past, and were they helpful for you?

Have you received treatment in the past for insomnia (other than medication)?

Treatment Goals

What prompted you to seek insomnia treatment at this time?

What are your specific goals for insomnia treatment? (e.g., longer sleep, fewer nightmares, fall asleep faster)

Any other information related to your sleep or things you have tried in the past that would be helpful for your therapist to know?