

CBT for Sleep Worksheet

CBT for Sleep Worksheet

Name: _____ Gender: _____

Date of birth: _____ dd / mm / yyyy Date of assessment: _____ dd / mm / yyyy

This worksheet is designed to help patients undergoing Cognitive Behavioral Therapy for Insomnia (CBT-I). It aims to identify and modify thoughts and behaviors that contribute to sleep disturbances.

TIPS FOR IMPROVING SLEEP

Tips for improving sleep
Stimulus control: Use the bed only for sleep and intimacy. Avoid other activities such as reading, watching TV, or using your phone. If unable to sleep within 20 minutes, get out of bed and do a relaxing activity until you feel sleepy.
Sleep restriction: Based on your sleep diary, calculate your average total sleep time. Set a fixed wake-up time and adjust your bedtime to ensure a sleep window that matches your average sleep time. Gradually increase your time in bed as your sleep efficiency improves.
Relaxation techniques: Practice relaxation techniques to help you wind down before bed: Deep breathing exercises Progressive muscle relaxation Visualization or guided imagery
Sleep hygiene: Maintain a regular sleep schedule. Create a comfortable sleep environment. Limit caffeine and alcohol intake. Avoid heavy meals close to bedtime. Get regular exercise, but not close to bedtime.

WEEKLY GOALS

Weekly goals Set specific goals for the upcoming week.

Goal 1:

Goal 2:

Goal 3:

COGNITIVE RESTRUCTURING

Cognitive restructuring

Identify negative thoughts that may be affecting your sleep.

What evidence supports these negative thoughts?

What evidence disproves these thoughts?

Create an alternative, more balanced thought after considering the evidence.

SLEEP DIARY: NIGHT 1

Sleep diary: Night 1 For the next week, record the following details each morning.

Date: _____ dd / mm / yyyy Time spent awake during the night: _____

Time you went to bed: _____ Time you woke up: _____

Time you fell asleep: _____ Time you got out of bed: _____

Number of awakenings during the night: _____

Quality of sleep (1-10):

1 2 3 4 5 6 7 8 9 10

Comments/notes:

SLEEP DIARY: NIGHT 2

Sleep diary: Night 2 For the next week, record the following details each morning.

Date: _____ dd / mm / yyyy Time spent awake during the night: _____

Time you went to bed: _____ Time you woke up: _____

Time you fell asleep: _____ Time you got out of bed: _____

Number of awakenings during the night: _____

Quality of sleep (1-10):

1 2 3 4 5 6 7 8 9 10

Comments/notes:

SLEEP DIARY: NIGHT 3

Sleep diary: Night 3 For the next week, record the following details each morning.

Date: _____ dd / mm / yyyy Time spent awake during the night: _____

Time you went to bed: _____ Time you woke up: _____

Time you fell asleep: _____ Time you got out of bed: _____

Number of awakenings during the night: _____

Quality of sleep (1-10):

1 2 3 4 5 6 7 8 9 10

Comments/notes:

SLEEP DIARY: NIGHT 4

Sleep diary: Night 4 For the next week, record the following details each morning.

Date: _____ dd / mm / yyyy Time spent awake during the night: _____

Time you went to bed: _____ Time you woke up: _____

Time you fell asleep: _____ Time you got out of bed: _____

Number of awakenings during the night: _____

Quality of sleep (1-10):

1 2 3 4 5 6 7 8 9 10

Comments/notes:

SLEEP DIARY: NIGHT 5

Sleep diary: Night 5 For the next week, record the following details each morning.

Date: _____ dd / mm / yyyy Time spent awake during the night: _____

Time you went to bed: _____ Time you woke up: _____

Time you fell asleep: _____ Time you got out of bed: _____

Number of awakenings during the night: _____

Quality of sleep (1-10):

1 2 3 4 5 6 7 8 9 10

Comments/notes:

SLEEP DIARY: NIGHT 6

Sleep diary: Night 6 For the next week, record the following details each morning.

Date: _____ dd / mm / yyyy Time spent awake during the night: _____

Time you went to bed: _____ Time you woke up: _____

Time you fell asleep: _____ Time you got out of bed: _____

Number of awakenings during the night: _____

Quality of sleep (1-10):

1 2 3 4 5 6 7 8 9 10

Comments/notes:

SLEEP DIARY: NIGHT 7

Sleep diary: Night 7 For the next week, record the following details each morning.

Date: _____ dd / mm / yyyy Time spent awake during the night: _____

Time you went to bed: _____ Time you woke up: _____

Time you fell asleep: _____ Time you got out of bed: _____

Number of awakenings during the night: _____

Quality of sleep (1-10):

1 2 3 4 5 6 7 8 9 10

Comments/notes:

HEALTHCARE PROFESSIONAL'S ADDITIONAL NOTES AND RECOMMENDATIONS

Healthcare professional's additional notes and recommendations

Specify below: