This page helps identify what your insomnia looks like right now and what you want to change during the group. Answer briefly based on your typical pattern. You do not need perfect answers.

1. Current Sleep Concerns

- ☐ Difficulty falling asleep
- ☐ Waking during the night
- ☐ Waking too early
- ☐ Sleep does not feel restful
- ☐ Daytime fatigue or low energy
- ☐ Mood, worry, or irritability related to sleep

2. Understanding Your Sleep Pattern

Sleep initiation: What usually gets in the way of falling asleep?

Sleep maintenance: What usually happens after you wake up during the night?

Early morning awakening: Do you wake earlier than intended and struggle to return to sleep?

Sleep quality: Even when you sleep, does it feel restful? What do you notice when you wake up?

Duration and frequency: How long has this been going on, and how many nights per week?

3. Goals for This Group

My top 1-3 goals for this group are:

What would you most like to be different about your sleep by the end of group?

What would improve in your daytime life if sleep became more manageable?

Educational use only - not a substitute for individualized care. Use CBT-I skills with clinician guidance.

Week 1 Continued - Readiness, Barriers, and Supports

Goal: identify strengths, barriers, realistic next steps, and support needs

Use this page to name what feels possible, what may get in the way, and what kind of support would help you practice the skills. These answers help personalize your plan from the start and can be revisited during Weeks 6-8.

Readiness and Motivation

How confident am I that I can make sleep changes this week?

0 = low / not ready 10 = high / very ready

How important is improving sleep right now?

0 = low / not ready 10 = high / very ready

Barriers and Supports

What might get in the way of practicing these skills?

Who or what can support me while I practice sleep changes?

Which changes feel doable? Which changes feel hard?

What is one small change I am willing to practice before the next group session?

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CBT-I Class 1 Review & Reflection

A quick guide to remember what you learned and reflect on your own sleep patterns.

Use this page to connect class concepts to your own sleep pattern. The goal is not perfect sleep - it is learning which patterns keep insomnia going and which skills help you respond differently.

1. What we learned today

- CBT-I changes the patterns that maintain insomnia, including sleep timing, time in bed, and arousal.
- Sleep is influenced by three key factors: circadian rhythm, sleep drive, and hyperarousal.
- Better sleep usually comes from reducing sleep effort and building conditions that support sleep naturally.

Circadian Rhythm

Your body clock: when your brain expects sleep and wakefulness. Is my sleep schedule off or at the wrong time for my body?

Sleep Drive

Your sleep pressure: the need for sleep that builds the longer you are awake. Am I napping, dozing, or spending too much time in bed?

Hyperarousal

Mind/body activation: stress, tension, or racing thoughts that keep you awake. Do worry, stress, or body tension keep me awake when tired?

2. My reflection questions and practice choices

A Three Driving Factors

1. Circadian Rhythm:

What in my current sleep schedule might be affecting my body clock?

2. Sleep Drive:

What habits might be weakening my sleep pressure?

3. Hyperarousal:

What thoughts, emotions, or body sensations keep me alert at night?

B Sleep Hygiene Focus

- ☐ Caffeine timing
- ☐ Nicotine
- ☐ Alcohol
- ☐ Exercise timing
- ☐ Diet / fluids
- ☐ Room temperature
- ☐ Noise
- ☐ Lighting

The 1-2 habits I want to work on:

C Mindfulness Practice

- ☐ Mindful breathing
- ☐ Body scan
- ☐ Thought noticing
- ☐ Progressive muscle relaxation
- ☐ Guided imagery
- ☐ Mindful movement / gentle stretching

When I plan to practice it:

How I hope it will help:

Remember: Better sleep usually comes from changing patterns, not forcing sleep.

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Week 2 - Sleep Data Review and Stimulus Control

Goal: rebuild the connection between bed and sleep through a realistic action plan

Stimulus control helps retrain the bed and bedroom to become cues for sleep rather than wakefulness, worry, frustration, or effort. Use this page to notice what you currently do and choose one small change to practice this week.

My Stimulus Control Reflection Table

Complete each row briefly. The goal is not perfection - the goal is to identify one realistic behavior to practice.

Stimulus control skill	What I usually do now	What I want to do instead	My experience practicing
Go to bed only when sleepy			
Use the bed only for sleep/sex			
Get out of bed if unable to sleep			
Return to bed only when sleepy			
Get up at a consistent time			
Avoid or reduce naps			

My Week 2 Stimulus Control Focus

The area I most want to focus on this week is:

The barrier I expect is:

My plan if that barrier shows up:

Confidence rating for this week: 0 = not confident, 10 = very confident

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Week 2 Continued - Sleep Entry and Stimulus Control

Goal: identify what blocks early sleep and choose stimulus control behaviors to practice

Stimulus control helps the bed become a cue for sleep. This page helps you notice what may keep you from entering early sleep stages and choose behaviors that protect the bed-sleep connection.

1. What may get in the way of entering earlier stages of sleep?

Check the items that commonly show up before bed or during night wakings.

Mind/body barriers

- ☐ Racing thoughts, planning, or worry
- ☐ Pressure to sleep or frustration
- ☐ Feeling tired but still alert
- ☐ Body tension, restlessness, or discomfort
- ☐ Clock watching or calculating sleep

Behavior and environment barriers

- ☐ Screens, TV, phone, or bright light
- ☐ Reading, eating, working, or worrying in bed
- ☐ Chores, work, or activating tasks at night
- ☐ Napping or dozing earlier in the day
- ☐ Irregular wake time or inconsistent schedule

The main thing that gets in the way of sleepiness for me is:

One pattern I noticed from my sleep data or reflection is:

2. Stimulus control behaviors I can practice this week

Choose 1-3 behaviors to practice. Safety comes first if sleepiness makes driving, work, or functioning unsafe.

- ☐ Go to bed only when sleepy
- ☐ Use bed only for sleep and sex
- ☐ Get out of bed if unable to sleep
- ☐ Return only when sleepy again
- ☐ Wake up at the same time every morning
- ☐ Avoid naps unless safety is an issue
- ☐ Use a quiet, low-light buffer zone
- ☐ Reduce screens and bright light at night
- ☐ Reduce clock watching

My Week 2 practice plan

If I am awake and alert in bed, my quiet low-light activity will be:

My consistent wake time this week will be:

If this feels hard, my backup plan is:

Remember: **The goal is not perfect sleep tonight; rebuild the bed-sleep connection through repeated practice.**

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Week 3 - Sleep Restriction / Sleep Compression and Sleep Drive

Goal: understand what may be weakening sleep drive and use sleep data to guide change

Sleep drive is the body pressure for sleep that builds while you are awake. This section helps identify behaviors that may weaken sleep drive or increase time in bed beyond actual sleep time.

Sleep Drive Factors

- I nap during the day
- I doze unintentionally in the evening
- I spend extra time in bed trying to catch up on sleep
- I lie down often during the day
- My daytime activity is low or sedentary
- I sleep in or stay in bed much later on non-workdays

Napping: Do I nap? When, how long, and why?

Dozing: Do I unintentionally doze in the evening? What usually leads to it?

Time in bed: Do I spend extra time in bed trying to get more sleep or recover from poor sleep?

Activity: How active or sedentary am I during the day?

Weekend catch-up: How different are my sleep and wake times on non-workdays?

Week 3 Focus

- Reducing naps
- Reducing dozing
- Increasing daytime activity
- Limiting extra time in bed
- Stabilizing rise time
- Learning sleep-window adjustment

Educational use only - not a substitute for individualized care. Use CBT-I skills with clinician guidance.

Calculating Your Sleep Window

Step-by-step CBT-I skills practice

Sleep restriction therapy helps your body match time in bed more closely to actual sleep. The goal is not to force sleep, but to reduce extra awake time in bed, build sleep pressure, and improve sleep efficiency over time.

1. Calculate my sleep ability and sleep window

Step 1 **Add total sleep across all diary days**

Total sleep _____ / Days _____ **= Average sleep**

Step 2 **Divide by the number of days logged**

Average sleep _____ + 30 min / 0.5 hr _____ **= Sleep Ability**

Step 3 **Choose a fixed wake-up time**

Wake-up time _____ - Sleep ability _____ **= Earliest bedtime if sleepy**

2. Weekly sleep efficiency check

Use sleep diary data to decide whether to hold steady or slowly expand the sleep window.

CBT-I Goal
80-90%

Total sleep time / Time in bed **x 100 =** Sleep efficiency %

3. If sleep efficiency reaches 80-90%: add 15-30 minutes and track what happened

Discuss changes with your CBT-I provider. Add time gradually and keep the fixed wake time stable.

Date added	SE %	Minutes added	New bedtime if sleepy	Notes / what happened

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Week 3 - Sleep Restriction Practice Worksheet

Set a realistic sleep window, track barriers, and know when to adjust

Sleep restriction therapy matches time in bed to how much sleep your body can currently produce. Keep the wake time fixed, go to bed only when sleepy, and use sleep efficiency to guide gradual changes.

1. Calculate my sleep ability and first sleep window

A. Average total sleep time

From my sleep diary

B. Sleep ability

Average sleep + 30 minutes

C. Fixed wake-up time

Same time every morning

2. My sleep restriction plan for this week

Earliest going-to-bed time if I am sleepy: **Fixed wake-up time:**

Window of time I will be in bed if I am sleepy: **to** **Max:**

Reminder: do not go to bed before the earliest bedtime. If not sleepy, use a quiet, low-light activity until sleepy.

3. Barriers I expect and my CBT-I response

Barrier	What it may mean	My response plan
Going to bed early	Trying to recover by increasing time in bed	
Napping or dozing	Sleep pressure may be weakened before bedtime	
Awake-alert in bed	Bed starts pairing with wakefulness or frustration	
Too sleepy / unsafe	Safety concern; review schedule with clinician/support	

4. If sleep efficiency improves: add 15-30 minutes gradually

When sleep efficiency is consistently around 80-90% and daytime safety is okay, ask whether to add 15-30 minutes. Track what changed and what happened.

Date	Sleep eff. %	Add 15 or 30?	New bedtime if sleepy	Notes: what happened?

5. Weekly check-in

I kept my wake-up time consistent

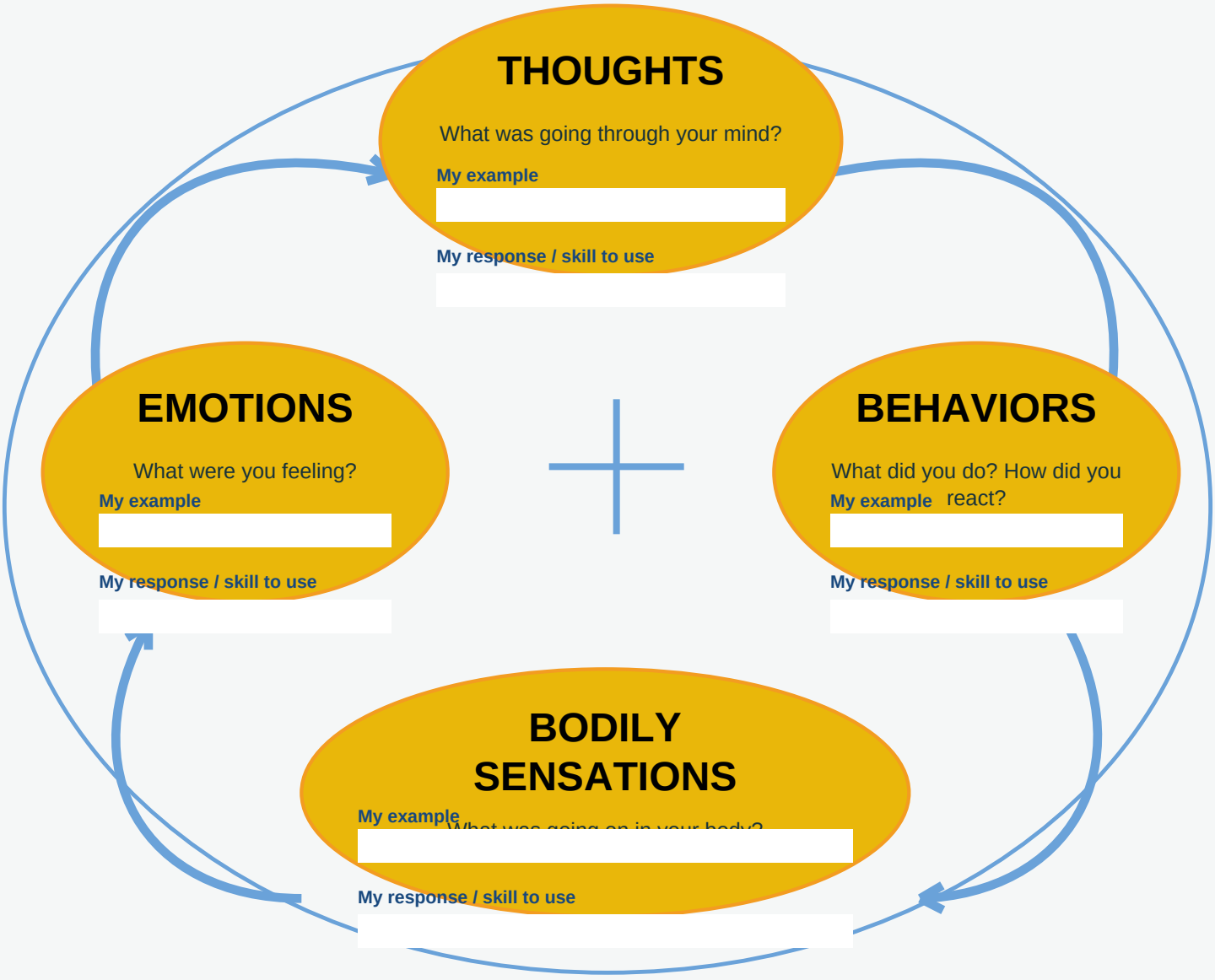
My sleepiness felt manageable and safe

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My CBT Cycle Practice

Use this page to map your own sleep-related cycle and choose a response.

SITUATION



Reminder: The goal is not to force sleep. Notice the cycle, name the pattern, and choose a calmer response.

Educational use only - not a substitute for individualized care. Use CBT-I skills with clinician guidance.

Week 4 - Thoughts, Emotions & Sleep

Fillable worksheet: notice arousal, match skills, and reframe sleep thoughts

1. My arousal pattern: what happens when sleep feels hard?

Sleep-related situation I want to map:

Sympathetic arousal - alarm / ON

- ☐ Racing thoughts, planning, or worry
- ☐ Fear-based prediction: What if I cannot sleep?
- ☐ Racing heart, shallow breathing, tension
- ☐ Feeling wired, restless, or hypervigilant

Parasympathetic response - settling / SAFE

- ☐ Slower breath or longer exhale
- ☐ Softer muscles; body feels less guarded
- ☐ Thoughts are noticed rather than debated
- ☐ Wakefulness feels less like danger

2. Match the arousal signal to a response skill

Choose the skill(s) that fit the pattern. The goal is not to force a skill into every night, but to notice what helps when arousal shows up differently.

Arousal signal / barrier	Skill match	My plan
Racing thoughts, rumination, worry	Thought labeling Worry postponement	Leaves on a Stream
Body tension, shallow breathing, wired	Breath awareness 3-minute breathing space	Body scan / PMR
Trying hard to sleep; frustration	Reduce sleep effort Balanced thought	Self-compassion
Awake-alert in bed; clock watching	Stimulus control Return only when sleepy	Low-light reset

3. Cognitive distortion practice

Common sleep thought:

Thinking pattern I notice:

- ☐ Catastrophizing
- ☐ All-or-nothing
- ☐ Fortune telling
- ☐ Should / must rule
- ☐ Overgeneralizing
- ☐ Fixed trait belief
- ☐ Sleep control / effort
- ☐ Discounting coping

Examine / challenge: evidence I have:

Balanced or compassionate response:

4. My Week 4 practice commitment

First response when I notice arousal:

Stimulus-control plan:

One skill I will practice before the next group session:

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Week 5 - Thought Reframing Worksheet

Use DBAS beliefs and thought challenging to create a more accurate sleep response

1. Identify the sleep belief or automatic thought

Start with one sleep-related thought that increases anxiety, frustration, or sleep effort. High DBAS scores can help you choose a target belief.

DBAS-related belief I want to work on today:

- ☐ I need 8 hours to function or feel refreshed.
- ☐ Insomnia may seriously harm my health.
- ☐ My daytime mood/energy is mostly because of sleep.
- ☐ Poor sleep will interfere with tomorrow.
- ☐ I may lose control over my ability to sleep.
- ☐ I need to catch up by napping or sleeping longer.

My sleep thought / stuck point:

Belief now (0-100%):

Emotion/body activation now (0

Emotion:

2. Challenge the thought - aim for accurate, not positive

Evidence FOR this thought:

Evidence AGAINST this thought:

Habit or fact? What information is missing?

Possible vs. likely? What is the realistic outcome?

What would I say to a friend with this thought?

Alternative view: another way to understand this?

3. Name the thinking pattern and reframe

Problematic pattern(s) I notice:

- ☐ Catastrophizing
- ☐ All-or-nothing
- ☐ Fortune telling
- ☐ Should / must rule
- ☐ Overgeneralizing
- ☐ Emotional reasoning
- ☐ Sleep control / effort
- ☐ Discounting coping

Balanced or compassionate thought I can practice:

Re-rate old thought (0-100%):

Emotion/body activation after reframe (0-100%):

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Week 5 - Stress Management Skills Worksheet

Match insomnia arousal patterns to regulation skills taught in class

1. Map the stress-sleep cycle

When the brain reads wakefulness as danger, the body shifts into sympathetic arousal. Skills work by signaling safety and activating the opposite response.

1. Threat / worry
Will I sleep?

>

2. Stress response
Cortisol, adrenaline

>

3. Body arousal
Heart, breath, tension

>

4. Sleep disrupted
Lighter, fragmented

>

5. Next-day stress
Fatigue, worry

My bedtime stress trigger or worry:

Stress signals I notice:

Racing thoughts	Muscle tension	Shallow breathing
Clock checking	Wired/restless	Dread or frustration

2. Match what is happening to a CBT-I response

Choose a skill that matches the main barrier. Practice reduces arousal over time; it does not have to make you sleep immediately.

Arousal signal / barrier	Skill match taught in class		My plan / wording I will use
Busy mind / rumination	Worry postponement Thought labeling	Cognitive defusion	
Wired body / tension	Diaphragmatic breathing PMR	4-7-8 breathing	
Bed feels linked with danger	Stimulus control Return when sleepy	Low-light reset	
Sleep effort / frustration	Reduce sleep effort Balanced thought	Self-compassion	
Next-day fear	Probability check Behavioral experiment	De-catastrophising	

3. My regulation plan for the next week

Worry window: time/place and one next step

1 hour before bed: wind-down skill

If I wake at night: first response

If I am awake-alert in bed: stimulus-control plan

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Week 6 - Progress Reflection & Maintenance Plan

Reflect on CBT-I skills from the first 5 weeks and choose what to keep practicing

Use this page to pause and identify what you have learned, which CBT-I tools fit your patterns, and what you want to continue after group. Progress does not mean perfect sleep; it means knowing how to respond when sleep gets difficult.

1. Five-week reflection: what will I take with me?

Class / focus	What I learned about myself	Skill or technique I will keep using	Conf. 0-10
Class 1 - Understanding sleep Sleep pressure, circadian rhythm, hyperarousal, sleep diary, what keeps insomnia going.			
Class 2 - Stimulus control Bed-sleep connection, fixed wake time, get out of bed when awake-alert, low-light reset.			
Class 3 - Sleep window Sleep ability, sleep efficiency, limiting extra time in bed, gradual schedule changes.			
Class 4 - Arousal & mindfulness Sympathetic vs. parasympathetic arousal, breath awareness, body scan, thought labeling.			
Class 5 - Thought reframing DBAS beliefs, cognitive distortions, evidence test, friend test, probability check, balanced thought.			

2. Progress I want to protect

The most important change I have made so far is:

Evidence that CBT-I skills are helping me:

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Week 6 - Progress Reflection & Maintenance Plan

Reflect on CBT-I skills from the first 5 weeks and choose what to keep practicing

3. Maintenance map: match barriers to CBT-I responses

When progress gets hard, use the table to identify the pattern and choose a response. Return to the plan early, before the insomnia cycle becomes automatic again.

Barrier / early warning sign + meaning	Skill match	My specific plan or wording
Schedule drift Sleep/wake times, naps, or time in bed gradually move away from the plan.	Fixed wake time, sleep window	
Awake-alert in bed Being in bed while wide awake, frustrated, or activated.	Stimulus control, low-light reset	
Worry or rumination Repeating worries, replaying the day, or problem-solving while trying to sleep.	Worry window, thought labeling	
Wired body or tension Racing heart, shallow breathing, tight muscles, restlessness, or alertness.	Breathing, PMR, body scan	
Old DBAS belief returns A sleep belief starts feeling true again, such as "I cannot function."	Evidence test, balanced thought	

4. My CBT-I maintenance plan

Skills I plan to keep using:

- Sleep diary / CBT-I Coach
- Consistent wake time
- Stimulus control
- Sleep window
- Mindfulness / body scan
- Thought challenging
- Worry postponement
- Breathing / PMR

My 2-3 sleep non-negotiables:

Barriers I expect:

My early warning signs of sleep drift:

My first 3 steps if sleep worsens:

Support, follow-up, or anything important I want to remember:

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My CBT-I Journey

Closing Reflection & Maintenance Check-In | Weeks 7-8

Purpose: Use this page to reflect on what changed, what still feels difficult, and what you want to keep practicing after the group ends.

1

Progress Reflection

What has improved most about your sleep or your relationship with sleep? What still feels unfinished? What change are you proud of?

2

Skills Review

Which CBT-I skill helped most? Which skill was hardest? What do you understand but still need to practice?

3

Sleep Pattern & Data

What trend do you notice in your sleep diary or pattern? Are you spending less time awake in bed? Is your wake time or sleep window more consistent?

4

Barriers & Troubleshooting

What gets in the way of practicing the plan? What adjustment would make the plan more realistic?

5

Thoughts, Emotions & Arousal

What sleep-related thought still shows up? What helps your body shift from alert mode toward rest mode?

6

Maintenance Plan

Which 2-3 CBT-I skills will you keep using? What are early warning signs insomnia is returning?

7

Safety & Follow-Up

Has sleepiness affected driving, work, caregiving, or safety? Is there anything to discuss with your clinician?

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Progress Tracker

Use this table to notice change, progress, and setbacks across the 8-week group

Bring your sleep diary each week. This tracker helps connect your sleep data to treatment decisions. Sleep efficiency = total sleep time divided by time in bed, multiplied by 100.

Weekly Sleep Metrics

Week	Sleep eff. %	Sleep latency	WASO	# wakings	Time in bed	Total sleep	ISI	DBAS
1								
2								
3								
4								
5								
6								
7								
8								

Reflection Checkpoints

Week 4 midpoint reflection: What is improving, staying the same, or getting harder?

Week 8 final reflection: What skills helped most, and what should I continue practicing?

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Insomnia Severity Index (ISI)

CBT-I Program

The ISI has 7 questions. Use the blue boxes: place an X/check mark next to your selected number, then add the values for the total score.

PART A - Rate the SEVERITY of your insomnia problems

Insomnia Problem	None (0)	Mild (1)	Moderate (2)	Severe (3)	Very Severe (4)
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

QUESTION 4

How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

Very Satisfied	Satisfied	Moderately Satisfied	Dissatisfied	Very Dissatisfied
0	1	2	3	4

QUESTION 5

How NOTICEABLE to others is your sleep problem in terms of impairing your quality of life?

Not at all Noticeable	A Little	Somewhat	Much	Very Much Noticeable
0	1	2	3	4

QUESTION 6

How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all Worried	A Little	Somewhat	Much	Very Much Worried
0	1	2	3	4

QUESTION 7

To what extent does your sleep problem INTERFERE with your daily functioning?

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
0	1	2	3	4

YOUR TOTAL SCORE

Add up all 7 selected numbers and write your total in the box.

Total Score: _____ / 28

Treatment totals

Pre _____ Mid _____ Post _____

0-7	8-14	15-21	22-28
No clinically significant insomnia	Subthreshold insomnia	Clinical insomnia - moderate	Clinical insomnia - severe

Dysfunctional Beliefs and Attitudes about Sleep (DBAS-16)

Several statements reflecting beliefs and attitudes about sleep are listed below. Use the blue boxes: place an X/check mark next to your selected number for each item, then add the values.

Name: **Date:**

Strongly Disagree (0)	0	1	2	3	4	5	6	7	8	9	(10) Strongly Agree 10

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

0 1 2 3 4 5 6 7 8 9 10

2. When I do not 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.

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

Dysfunctional Beliefs and Attitudes about Sleep (DBAS-16)

CBT-I Program - Page 2 of 2

Strongly Disagree (0)	0	1	2	3	4	5	6	7	8	9	(10) Strongly Agree

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

0 1 2 3 4 5 6 7 8 9 10

10. I cannot ever predict whether I will have a good or poor night sleep.

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

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.

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

15. Medication is probably the only solution to sleeplessness.

0 1 2 3 4 5 6 7 8 9 10

16. I avoid or cancel obligations (social, family) after a poor night sleep.

0 1 2 3 4 5 6 7 8 9 10

TOTAL SCORE

Add up all 16 selected numbers and write your total in the box.

Total Score: _____ **/ 160**

Total score is for comparison within patient only - not for comparison with other patients or population norms.

Treatment totals

Pre-treatment total _____ Mid-treatment total _____ Post-treatment total _____ /160

Notes & Reflections

Use this page to capture personal insights, questions, wins, and next steps.

1. Key takeaways from this program

2. Questions or topics I want to revisit

3. Patterns, wins, or observations from my sleep

Educational use only - not a substitute for individualized care. Use CBT-I skills with clinician guidance.

Notes & Reflections (continued)

Additional space for reflections, reminders, and action steps.

4. Action steps or reminders for myself

5. Anything else I want to remember

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