

# CBT for Insomnia

## Client Information

Name:

Date:

Therapist:

Session Number:

## Sleep Diary

### Nightly Routine

Bedtime:

Wake Time:

Time to Fall Asleep:

Number of Awakenings:

Total Sleep Time:

### Activities Before Bed

List activities in the hour before bedtime:

## Sleep Environment

Describe your sleep environment:

## Automatic Thoughts

Identify and record any anxious or racing thoughts before bedtime:

## Relaxation Techniques

### Progressive Muscle Relaxation

List muscle groups and practice relaxation techniques:

### **Controlled Breathing**

Describe controlled breathing exercises:

### **Visualization**

Briefly describe any visualization techniques used:

### **Sleep Restriction**

Specify adjusted sleep schedule if recommended by therapist:

### **Sleep Hygiene Tips**

Implement recommended sleep hygiene practices:

### **Reflections and Progress**

Record any changes in sleep patterns or overall sleep quality:

### **Goals for Next Week**

Set achievable sleep-related goals for the upcoming week: