

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: