

CBT for Insomnia

Client information							
Client name:							
Age:				Gender:			
Mental health professional:							
Date:				Appointment or session number:			
Sleep data							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Bedtime							
Sleep time							
Wake time							
Rising time							
No. of times waking							
Total sleep time							
Describe the client's presenting complaint, including their insomnia symptoms, the onset, and any pre-existing medical conditions or disorders:							
List the client's activities in the hour prior to bed:							
Describe the client's sleep environment. Consider factors such as light, noise, and other occupants:							

Behavioral interventions

Describe the recommended adjustments to the client's sleep schedule:

Describe the recommended adjustments to the client's sleep habits (e.g. stimulus control, sleep restriction):

Identify the relaxation techniques recommended to the client to support their sleep:

List any other behavioral recommendations and techniques to improve sleep quality/quantity:

Cognitive interventions

Identify and record any racing or anxious thoughts commonly experienced before bedtime:

Identify any key negative emotions connected to the client's sleep:

Identify the cognitive patterns targeted for restructuring:

What cognitive techniques or emotional regulation strategies may be effective in restructuring these thoughts:

Psychotherapeutic education

Regarding their sleep, what cognitive-behavioral insights or learnings are likely to benefit the client's engagement with these therapeutic techniques?

Additional notes

Progress reflection

Date:

Reflect on the client's progress, considering how successful each technique was:

Based on these reflections, what adjustments (if any) will you make to the client's treatment plan: