
Appendixes

A. Outline Plan for a Sleep History Assessment Comprising Content Areas and Suggested Interview Questions

Content Area	Prompt question	Supplementary questions
<i>Presentation of the sleep complaint</i>		
Pattern	Can you describe the pattern of your sleep on a typical night?	Time to fall asleep? Number and duration of awakenings? Time spent asleep? Nights per week like this?
Quality	How do you feel about the quality of your sleep?	Refreshing? Enjoyable? Restless?
Daytime effects	How does your night's sleep affect your day?	Tired? Sleepy? Poor concentration? Irritable? Particular times of day?
<i>Development of the sleep complaint</i>		
	Do you remember how this spell of poor sleep started?	Events and circumstances? Dates and times? Variation since then? Exacerbating factors? Alleviating factors? Degree of impact/intrusiveness?
<i>Lifetime history of sleep complaints</i>		
	Did you used to be a good sleeper?	Sleep in childhood? Sleep in adulthood? Nature of past episodes? Dates and times? Resolution of past episodes?

(cont.)

Content Area	Prompt question	Supplementary questions
<i>General health status and medical history</i>	Have you generally kept in good health?	Illnesses? Chronic problems? Dates and times? Recent changes in health?
<i>Psychopathology and history of psychological functioning</i>	Are you the kind of person who usually copes well?	Psychological problems? Anxiety or depression? Dates and times? Resourceful person? Personality type?
<i>Issues of differential diagnosis</i>	Are you a heavy snorer?	Interrupted breathing in sleep? Excessively sleepy in the day?
Sleep-related breathing disorder (SBD)		
Periodic limb movements in sleep (PLMS) and restless legs syndrome (RLS)	Do your legs sometimes twitch or can't keep still?	Excessively sleepy in the day? Trouble sitting still without moving the extremities?
Circadian rhythm sleep disorders	Do you feel you want to sleep at the wrong time?	Too early? Too late?
Parasomnias	Do you sometimes act a bit strangely during your sleep?	Behavioral description? Time during night?
Narcolepsy	Do you sometimes just fall asleep without warning?	Times and places? Collapses triggered by emotion? Poor sleep at night?
<i>Current and previous treatments</i>	Are you taking anything to help you sleep?	Now? In the past? Dates and times? What has worked? What have you tried yourself?

B. Sleep Diary

Instructions to patient

'This Sleep Diary is designed to provide a record of your experience of sleep, and your use of medication or alcohol to help you sleep. As you will see, information about seven nights (one week) can be recorded on one form. Please complete one column of the diary each morning, soon after you wake up. Take a few minutes to do this, trying to be as accurate as you can. It is your best estimate that we are looking for, but try not to get into the habit of clockwatching at night.'

Further instructions to clinician

At the foot of the page, there are five boxes into which you can insert the mean values for the variables sleep-onset latency (SOL: question 3), number of times of waking from sleep (WAKE: question 4), wake time after sleep-onset (WASO: question 5), total sleep time* (TST: question 6), time in bed (TIB: question 2 minus question 1) and sleep efficiency (SE: TST divided by TIB, multiplied by 100)

* You may prefer to calculate TST yourself [TIB minus (SOL plus WASO)], rather than asking patients to work this out. In this case you can exclude question 6 from the Sleep Diary.

Name _____

Week Beginning _____

Measuring the Pattern of Your Sleep

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1. What time did you rise from bed this morning?							
2. At what time did you go to bed last night?							
3. How long did it take you to fall asleep (minutes)?							
4. How many times did you wake up during the night?							
5. How long were you awake <i>during</i> the night (in total)?							
6. About how long did you sleep altogether (hours/mins)?							
7. How much alcohol did you take last night?							
8. How many sleeping pills did you take to help you sleep?							

Measuring the Quality of Your Sleep

1. How well do you feel this morning? 0 1 2 3 4 not at all moderately very							
2. How enjoyable was your sleep last night? 0 1 2 3 4 not at all moderately very							

For office use only

SOL	WAKE	WASO	TST	TIB	SE

C. The Insomnia Severity Index

Name: _____ Date: _____

1. Please rate the current (i.e., last 2 weeks) severity of your insomnia problem(s).

	None	Mild	Moderate	Severe	Very
a. Difficulty falling asleep:	0	1	2	3	4
b. Difficulty staying asleep:	0	1	2	3	4
c. Problem waking up too early:	0	1	2	3	4

2. How satisfied/dissatisfied are you with your current sleep pattern?

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
	0	1	2	3	4

3. To what extent do you consider your sleep problem to interfere with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.).

	A little	Somewhat	Much	Very much interfering
Not at all interfering	0	1	2	3
	0	1	2	3

4. How noticeable to others do you think your sleeping problem is in terms of impairing the quality of your life?

	A little	Somewhat	Much	Very much noticeable
Not at all noticeable	0	1	2	3
	0	1	2	3

5. How worried/distressed are you about your current sleep problem?

	A little	Somewhat	Much	Very much worried
Not at all worried	0	1	2	3
	0	1	2	3

Guidelines for Scoring/Interpretation

Add scores for all seven items (1a + 1b + 1c + 2 + 3 + 4 + 5) =

Total score ranges from 0–28; if total score falls between:

0–7 = No clinically significant insomnia

8–14 = Subthreshold insomnia

15–21 = Clinical insomnia (moderate severity)

22–28 = Clinical insomnia (severe)

D. The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation.

- 0 = would *never* doze
- 1 = *slight* chance of dozing
- 2 = *moderate* chance of dozing
- 3 = *high* chance of dozing

<i>Situation</i>	<i>Chance of dozing</i>
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g., a theatre or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down in the afternoon to rest when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after lunch without alcohol	_____
In a car, while stopped for a few minutes in the traffic	_____

Source: M.W. Johns (1991). A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale. *Sleep*, 14, 540–545. Copyright 1991 by the American Academy of Sleep Medicine. Reproduced with permission of AASM in the format Textbook via copyright Clearance Center.

E. The Pre-Sleep Arousal Scale

Instructions to patient

This scale is fairly self-explanatory. We are interested to find out about how you are feeling in your mind and in your body before you fall asleep. Please describe how intensely you experience each of the symptoms mentioned below as you attempt to fall asleep, by circling the appropriate number.

Further instructions to clinician

Two separate scores can be obtained for the PSAS. The sub-scale score for cognitive arousal comprises the total of items 1 to 8, and the sub-scale score for somatic arousal comprises the total of items 9 to 16.

	Not at all	Slightly	Moderately	A lot	Extremely
1. Worry about falling asleep	1	2	3	4	5
2. Review or ponder the events of the day	1	2	3	4	5
3. Depressing or anxious thoughts	1	2	3	4	5
4. Worry about problems other than sleep	1	2	3	4	5
5. Being mentally alert, active	1	2	3	4	5
6. Can't shut off your thoughts	1	2	3	4	5
7. Thoughts keep running through your head	1	2	3	4	5
8. Being distracted by sounds, noise in the environment	1	2	3	4	5
9. Heart racing, pounding or beating irregularly	1	2	3	4	5
10. A jittery, nervous feeling in your body	1	2	3	4	5

(continued)

	Not at all	Slightly	Moderately	A lot	Extremely
11. Shortness of breath or labored breathing	1	2	3	4	5
12. A tight, tense feeling in your muscles	1	2	3	4	5
13. Cold feeling in your hands, feet or your body in general	1	2	3	4	5
14. Have stomach upset (knot or nervous feeling in stomach, heartburn, nausea, gas, etc.)	1	2	3	4	5
15. Perspiration in palms of your hands or other parts of your body	1	2	3	4	5
16. Dry feeling in mouth or throat	1	2	3	4	5

Source: P. Nicassio, et al. The phenomenology of the pre-sleep state: The development of the Pre-Sleep Arousal Scale. *Behaviour Research and Therapy*, 23, 263–271. Copyright 1985 Elsevier. Reprinted with permission.

F. The Sleep Disturbance Questionnaire

Instructions to patient

This scale is fairly self-explanatory. We are interested to find out about the things that you feel might interfere with your sleep. Here are twelve common statements we get from people with insomnia. Take a minute or two to pick one response for each item, and then at the end write down the number of the item that you feel is most true for you

Further instructions to clinician

From our principal component analyses of the SDQ (Espie et al., 1989; 2000), we recommend summing items 1, 5, and 9 to obtain a score for “physical tension,” and summing 3, 7, and 11 to obtain a score for “sleep pattern problem.” The remaining items (2,4,6,8,10,12) can be summed to obtain a score for “mental anxiety,” or subdivided into “cognitive arousal” (2,6,10) and “sleep effort” (4,8,12).

On the nights when you don’t sleep well the problem seems to be that (tick one box for each statement)

	Never true	Seldom true	Sometimes true	Often true	Very often true
1. I can’t get into a comfortable position in bed.					
2. My mind keeps turning things over.					
3. I can’t get my sleep pattern into a proper routine.					
4. I get too “worked up” at not sleeping.					
5. I find it hard to physically “let go” and relax my body.					
6. My thinking takes a long time to “unwind”.					
7. I don’t feel tired enough at bedtime.					

(continued)

	Never true	Seldom true	Sometimes true	Often true	Very often true
8. I try too hard to get to sleep.					
9. My body is full of tension					
10. I am unable to empty my mind.					
11. I spend time reading/ watching TV in bed when I should be sleeping.					
12. I worry that I won't cope tomorrow if I don't sleep well.					

Which *one* of the above statements
is most relevant to you?

Number _____

Source: C.A. Espie et al. (1989). An evaluation of tailored psychological treatment for insomnia in terms of statistical and clinical measures of outcome. *Journal of Behaviour Therapy and Experimental Psychiatry*, 20, 143–153. Copyright Elsevier. Reprinted with permission.

G. Sleep Hygiene Practice Scale

For each of the following behaviors, state the number of days per week (0–7) that you engage in that activity or have that experience. Base your answers on what you would consider an *average* week for yourself.

Indicate the number of days or nights in an average week you:

	Days per week
1. Take a nap.	
2. Go to bed hungry.	
3. Go to bed thirsty.	
4. Smoke more than one packet of cigarettes per day.	
5. Use sleeping medications (prescribed or over the counter).	
6. Drink beverages containing caffeine (e.g. coffee, tea, cola) within 4 hours of bedtime.	
7. Drink more than 3 ounces of alcohol (e.g. 3 mixed drinks, 2 beers or 3 glasses of wine) within two hours of bedtime.	
8. Take medications/drugs with caffeine within 4 hours of bedtime.	
9. Worry as you prepare for bed about your inability to sleep.	
10. Worry during the day about your inability to sleep at night.	
11. Use alcohol to facilitate sleep.	
12. Exercise strenuously within 2 hours of bedtime.	
13. Have your sleep disturbed by light.	
14. Have your sleep disturbed by noise.	
15. Have your sleep disturbed by your bedpartner (put N/A if no partner).	
16. Sleep approximately the same length each night.	
17. Set aside time to relax before bedtime.	
18. Exercise in the afternoon or early evening.	
19. Have a comfortable night-time temperature in your bed/bedroom.	

Source: P. Lacks, *Behavioral treatment for persistent insomnia* (1987). Copyright 1987 by Pergamon Press. Reprinted with permission.

H. Caffeine Knowledge Quiz

For each item on the following list, indicate whether you believe it contains caffeine or another stimulant by placing a Y (yes) or an N (no) in the space provided. If you are not sure, make your best guess. If you have never heard of an item please place an X in the space.

-
- | | | |
|----------------------------|--------------------------|-------------------------|
| ___ 7-Up soft drink | ___ lemonade | ___ Mountain Dew |
| ___ regular tea | ___ root beer | ___ cola soft drinks |
| ___ Dristan cold remedy | ___ chocolate cake | ___ Dexatrim diet pills |
| ___ aspirin | ___ regular coffee | ___ Tylenol |
| ___ Dr.Pepper soft drink | ___ Excedrin | ___ Aqua Ban diuretic |
| ___ Midol menstrual relief | ___ Sudafed decongestant | ___ Sprite soft drink |
-

Source: P. Lacks (1987). *Behavioral treatment for persistent insomnia*. Copyright 1987 by Pergamon Press. Reprinted with permission.

I. Transcript of a Relaxation Therapy Session (12-Minute Duration)

The exercises on this tape are designed to help you relax. Relaxation is a skill, which you can learn. It is just like any other skill, so don't be surprised if you find it takes practice because that is how we learn skills. So do practice. Practice a couple of times a day, especially as you start to learn. Of course, you will want to use the relaxation when you go to bed, to help you relax and go to sleep, but you will find it most useful if you have already learned what to do.

It is best to practice at a time when you know you won't be disturbed. The tape will last between ten and fifteen minutes so you will need at least that length of time set aside. When you do your relaxation exercises in your bed, you will be able to listen to the tape there too. But after a while you will have learned what to do and you will be able to just follow the exercises in your own mind.

The exercises themselves begin now.

Settle yourself down. Lie down with your hands and arms by your sides; have your eyes closed. That's good.

We will start by just thinking about your breathing. Your breathing can help you relax; the more deep and relaxed it is the better you will feel and the more in control you will feel. So begin by taking some slow regular breaths. Do that now. Breathe in fully, fill up your lungs fully; breathe in, hold your breath for a few seconds now, and let go, breathe out...Do that again, another deep breath, filling your lungs fully when you breathe in, hold it...and relax, breathe out. Continue that in your own time, noticing that each time you breathe in the muscles in your chest tighten up, and as you breathe out there is a sense of letting go. You can think the word 'relax', each time you breath out. This will remind you that breathing out helps you relax. It will also help you to use this word to tell yourself to relax whenever you need to. You will find that your body will begin to respond. Breathing slowly, comfortably, regularly, and deeply; thinking the word 'relax' every time you breath out; enjoying just lying still and having these moments to relax, concentrating on the exercises.

Now I'd like you to turn your attention to your arms and hands. At the moment just lying at your sides. I'd like you to create some tension in your hands and arms by pressing your fingers into the palms of your hands and making fists. Do that with both hands now. Feel the tension in your hands, feel the tension in your fingers and your wrists, feel the tension in your forearms. Notice what it is like. Keep it going...and now relax. Let those hands flop. Let them do whatever they want to do; just let them relax. Breathing slowly and deeply, you will find that your fingers will just straighten out and flop, and your hands and arms will feel more relaxed. Allow them to sink into the couch or into the bed, just allow

your arms to be heavy. Breathing slowly and deeply, thinking the word 'relax' each time you breathe out, and finding that your hands and arms just relax more and more and more. Your arms and your hands so heavy and rested. It's almost as if you couldn't be bothered moving them. Just because you have let go of the energy and tension that was in the muscles there. Breathing slowly and deeply, both your hands, both your arms, heavy and rested. Let go of the energy and tension that was in the muscles there, breathing slowly and deeply. Both your hands, both your arms, heavy and rested and relaxed.

I'd like you to turn your attention now to your neck and shoulders. Again we're going to get your neck and shoulders into a state of relaxation following some tension we're going to introduce. I'd like you to do that by pulling your shoulders up towards your ears. Now, do that; pull your shoulders up towards your ears. Feel the tension across the back of your neck, across the top of your back and in your shoulders. Feel the tension, keep it going not so much that it's sore, but keep it constant. Feel it, and now let go...relax; go back to breathing slowly and deeply. Let that tension drain away, let it go. Breathe deeply, and as you do so, notice that the tension, almost like a stream, drains away from your neck, across your shoulders, down the upper part of your arms, down the lower part of your arms and out through your fingertips. Draining out and leaving a sense of warmth and relaxation deep in your muscles. Breathing slowly and deeply and allowing that to take place. Just let the tension go. If it doesn't seem to go, don't force it, it will go itself. Be confident about that. Just breathe slowly and deeply and allow yourself to be relaxed; remembering to think the word 'relax', each time you breathe out. Using that word 'relax' to focus on the sense of relaxation that you get, using the word 'relax' to remind you of the success you are having in relaxing your body.

I'd like you to concentrate now on your face, and on your jaw, and on your forehead. I'd like you to create some tension in these parts of your body by doing two things together at the same time. These things are to screw up your eyes really tightly and bite your teeth together. Do these things together now. Bite your teeth together; feel the tension in your jaw. Screw up your eyes; feel the tension all around your eyes, in your forehead, in your cheeks, throughout your face, wherever there is tension. Now keep it going...and relax; breathing in through your nose and out through your mouth, slowly and deeply. Notice how your forehead smooths out and then your eyelids and your cheeks. Allow your jaw to hang slightly open. Allow your whole head to feel heavy and to sink into the pillow; breathing slowly and deeply. Allow there to be a spread of relaxation across the surface of your face and into all those muscles in your face. Allow your eyelids to feel heavy and comfortable, your jaw and your whole head; breathing slowly and deeply, enjoying the relaxation which you feel in your body. Relax each time you breathe out. Relax just that little bit more each time you breathe out”.

Concentrating now on your legs and feet, I want you to create some tension here by doing two things at the same time; and these things are to press the backs

of your legs downwards and to pull your toes back towards your head. Do these things together now. Create the tension in your legs, press the backs of your legs downwards and pull your toes back towards your head. Feel the tension in your feet, in your toes, in your ankles, in the muscles in your legs. Feel what it is like. Don't overdo it; just notice what it is like...and relax. Breathing slowly and deeply once more; just allow your feet to flop any old way. Allow the muscles to give up their energy, give up their tension. Let it go, breathing slowly and deeply. Notice how your feet just want to flop to the side. Notice how your legs feel heavy as if you couldn't be bothered moving them. Heavy and comfortable and rested and relaxed. Just that little bit more relaxed each time you breathe out.

Be thinking about your whole body now; supported by the bed, sinking into it, but supported by it. You've let go the tension throughout your body. Your body feels rested, comfortable. Enjoy each deep breath you take. Just use these few moments now to think about any part of your body that doesn't feel quite so rested and allow the tension to go. It will go. Breathe slowly and deeply; thinking the word 'relax' each time you breathe out. Just let any remaining tension drain away; from your hands, your arms, your neck and your back. Heavy and rested, comfortable and relaxed. From your face and your eyes, from your forehead; letting the muscles give up their energy. Like a stream of relaxation flowing over your whole body. Let your legs and feet feel relaxed; sinking into the bed. Breathing slowly and deeply.

In a few moments, this tape will finish; but you can continue to relax. You may wish to repeat some of the exercises yourself and that is fine. You may wish to enjoy just continuing as you are. You may wish to think on your visualization scene or build pictures in your mind that will help you to relax further. It's up to you, but continue to relax.

The tape itself stops now.

J. The Sleep Behavior Self-Rating Scale

Instructions for patients

This rating scale helps us to understand what your behavior pattern around bedtime is like. It is fairly self-explanatory. Please take a few minutes to fill it in as accurately as you can. Please indicate how often you do the following things *in your bed before falling asleep* or *while in your bedroom*. Complete the form by considering what you would do in an average week.

Behavior	Never	Rarely	Sometimes	Often	Very often
Read a book or magazine					
Watch TV					
Listen to the radio					
Have a conversation with someone					
Speak on the telephone					
Eat or drink					
Smoke					
Please also answer the following questions:					
I take naps during the day or evening					
I feel sleepy when I go to bed					
I switch the light off as soon as I get into bed					
I spend a lot of time lying awake in bed at night					
If I can't get to sleep within approx. 20 minutes I get out of bed and move to another room until I feel sleepy again					
I set myself a regular rising time each morning					
If I have a bad night's sleep I still get up at my usual time					

Source: Adapted from S.S. Kazarian, M.G. Howe, and K.G. Csapo (1979). Development of the Sleep Behavior Self-Rating Scale. *Behavior Therapy*, 10, 412–417. Copyright 1979 by the Association for Advancement of Behavior Therapy. Reprinted by permission of the publisher.

K. Summary of the Sleep Scheduling Treatment Program

Instructions to clinician

You can reproduce this summary sheet as a handout to give to your patients. Bear in mind the implementation issues described in the text and in Table 5.3.

1. Work out your current average sleep time and plan to spend that amount of time in bed.
2. Decide on a set rising time to get up each morning and put that into practice.
3. Establish a threshold time for going to be by subtracting sleep time from rising time, and stay out of bed until your threshold time.
4. Lie down intending to go to sleep only when you feel sleepy at or after the threshold time.
5. Follow this program seven days/nights a week.
6. If you do not sleep within 15 minutes get up and go into another room. Do something relaxing and go back to bed when you feel sleepy again. Repeat this if you still cannot sleep or if you waken during the night.
7. Adjust the new schedule by a maximum of 15 minutes per week, dependent upon your sleep efficiency.
8. Do not use your bed for anything except sleep (and sexual activity) and turn the light out when you go to bed.
9. Do not nap during the day or evening.

L. Calculating Current Sleep Requirement for Sleep Restriction

First, write down in the spaces below the amount of time you think you actually slept on each of the last 10 nights, from your Sleep Diary (it may be easier to convert the time to the total number of minutes per night.)

Second, add up the total time you have slept across these nights.

Third, divide the total by 10 to get the average length of your night's sleep.

Night	Amount Slept
-------	--------------

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Total amount of time over 10 days = _____

Average sleep time = _____/10 = _____

M. Self-Monitoring Form of Sleep-Related Thoughts

Situation	Automatic thoughts	Emotions
Watching TV in the evening	“I must get some sleep tonight, I have so much to do tomorrow”	Anxious 80%

N. Dysfunctional Beliefs and Attitudes about Sleep Scale

Instructions to patient

Several statements reflecting people's beliefs and attitudes about sleep are listed below. Please indicate to what extent you personally agree or disagree with each statement. There is no right or wrong answer. For each statement, circle the number that corresponds to your own *personal belief*. Please respond to all items even though some may not apply directly to your own situation.

Strongly disagree									Strongly agree	
0	1	2	3	4	5	6	7	8	9	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 don't get 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. Because I am getting older, I need less sleep.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I am worried that if I go for 1 or 2 nights without sleep, I may have a "nervous breakdown."

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. 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
---	---	---	---	---	---	---	---	---	---	----

6. By spending more time in bed, I usually get more sleep and feel better the next day.

0 1 2 3 4 5 6 7 8 9 10

7. When I have trouble falling asleep or getting back to sleep after nighttime awakening, I should stay in bed and try harder.

0 1 2 3 4 5 6 7 8 9 10

8. I am worried that I may lose control over my abilities to sleep.

0 1 2 3 4 5 6 7 8 9 10

9. Because I am getting older, I should go to bed earlier in the evening.

0 1 2 3 4 5 6 7 8 9 10

10. After a poor night's 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

11. 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's sleep.

0 1 2 3 4 5 6 7 8 9 10

12. 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

13. Because my bed partner falls asleep as soon as his/her head hits the pillow and stays asleep through the night, I should be able to do so too.

0 1 2 3 4 5 6 7 8 9 10

14. I feel that insomnia is basically the result of aging and there isn't much that can be done about this problem.

0 1 2 3 4 5 6 7 8 9 10

15. I am sometimes afraid of dying in my sleep.

0 1 2 3 4 5 6 7 8 9 10

16. When I have a good night's sleep, I know that I will have to pay for it on the following night.

0 1 2 3 4 5 6 7 8 9 10

17. 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

18. Without an adequate night's sleep, I can hardly function the next day.

0 1 2 3 4 5 6 7 8 9 10

19. I can't ever predict whether I'll have a good or poor night's sleep.

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

21. 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

22. I get overwhelmed by my thoughts at night and often feel I have no control over this racing mind.

0 1 2 3 4 5 6 7 8 9 10

23. I feel I can still lead a satisfactory life despite sleep difficulties.

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

25. 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

26. A “nightcap” before bedtime is a good solution to sleep problem.

0 1 2 3 4 5 6 7 8 9 10

27. Medication is probably the only solution to sleeplessness.

0 1 2 3 4 5 6 7 8 9 10

28. My sleep is getting worse all the time and I don’t believe anyone can help.

0 1 2 3 4 5 6 7 8 9 10

29. It usually shows in my physical appearance when I haven’t slept well.

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

Scoring and interpretation guidelines

The total DBAS score is obtained by adding the score of each item (reverse score for item 23) and dividing by the total number of items. There are no norms available for this scale but a higher score indicates that your patient endorses more intense and more frequent dysfunctional beliefs and attitudes about sleep.

An abbreviated 16-item version is currently under validation.

O. Example of an Automatic Thought Record Used for Cognitive Therapy

Situation	Automatic thoughts	Emotions	Alternative thoughts	Emotions
Awake in bed in the middle of the night	"I won't be able to function tomorrow"	Anxious 80%	"There is no point in worrying about this now. Sometimes I can still function after a poor night's sleep".	Anxious 25%

P. The Glasgow Content of Thoughts Inventory

Instructions to patient

This is a brief measure which should only take you a few minutes to complete. We are interested in the types of thoughts that you have while you are trying to get to sleep. Many people with insomnia complain of a 'racing mind' or of thoughts that seem to get in the way of falling asleep. Simply mark one of the boxes for each of the items on the scale as an indication of how often this particular thought has been a problem for you during the past week.

Further instructions to clinician

The GITI is scored by adding up responses to give a total score for thought intrusion. 'Never' is scored 1, 'sometimes' 2, 'often' 3 and 'always' 4. Our preliminary work suggests that a score of 42 yields a sensitivity of 100% and a specificity of 83% in discriminating between insomniacs and good sleepers (Harvey & Espie, 2003). Principal component analysis identified 3 subscales – 'cognitive intrusions relating to active problem-solving (items 1, 3, 8, 12, 14, 15, 19, 21 and 23), 'cognitive intrusions relating to sleep and wakefulness' (items 5, 6, 7, 9, 11, 18, 22, 24, and 25) and 'cognitive intrusions relating to somatic and sensory engagement' (items 2, 4, 10, 13, 16, 17, and 20). You may find it helpful also to calculate this subscale profile to identify in which area(s) the main intrusions fall.

Never Sometimes Often Always

1. Things in the future
2. How tired/sleepy you feel
3. Things that happened that day
4. How nervous/anxious you feel
5. How mentally awake you feel
6. Checking the time
7. Trivial things
8. How you can't stop your mind from racing
9. How long you've been awake
10. Your health
11. Ways you can get to sleep
12. Things you have to do tomorrow
13. How hot/cold you feel

(continued)

	Never	Sometimes	Often	Always
14. Your work/responsibilities				
15. How frustrated/annoyed you feel				
16. How light/dark the room is				
17. Noises you hear				
18. Being awake all night				
19. Pictures in your mind				
20. The effects of not sleeping well				
21. Your personal life				
22. How thinking too much is the problem				
23. Things in your past				
24. How bad you are at sleeping				
25. Things to do to help you sleep				

Q. The Glasgow Sleep Effort Scale

The following seven statements relate to your night-time sleep pattern *in the past week*. Please indicate by circling *one* response how true each statement is for you.

1. I put too much effort into sleeping at night when it should come naturally
Very much To some extent Not at all
2. I feel I should be able to control my sleep at night
Very much To some extent Not at all
3. I put off going to bed at night for fear of not being able to sleep
Very much To some extent Not at all
4. I worry about not sleeping if I am in bed at night and cannot sleep
Very much To some extent Not at all
5. I am no good at sleeping at night
Very much To some extent Not at all
6. I get anxious about sleeping before I go to bed at night
Very much To some extent Not at all
7. I worry about the long term consequences of not sleeping at night
Very much To some extent Not at all

R. A Medication Withdrawal Schedule Form

Week	Type	Dosage (mg)	Number of nights	Total amount (mg)	% dosage reduction	Self-efficacy (0-100%)
Baseline						
Week 1						
Week 2						
Week 3						
Week 4						
Week 5						
Week 6						
Week 7						
Week 8						
Week 9						
Week 10						

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Index

- Accidents, and sleep deprivation, 4, 9
- Actigraphy, 34–36
- Adaptive theories of sleep, 7
- Advanced Sleep Phase Syndrome (ASPS), 40
- Age, and quality/duration of sleep, 4–5
- Aging, sleep pattern changes, 4–5, 39, 40
- Air quality, bedroom environment, 52
- Alcohol use, and sleep disruption, 42, 48, 49–50
- Amitriptyline, 103
- Amnesia, and benzodiazepines, 105
- Antidepressants
 - insomnia treatment, 103
 - sleep disturbance from, 6
 - types of, 103
- Antihistamines
 - adverse effects, 104
 - insomnia treatment, 103–104
 - types of, 103
- Anxiety
 - about lack of sleep, 10, 18, 78–79
 - and onset of insomnia, 19
 - performance anxiety, 95
 - reducing with paradoxical intention, 95–97
 - reducing with stimulus control, 62
 - and sleep disturbance, 6, 18, 36–37, 41, 129
- Apnea, sleep-related breathing disorder (SBD), 33, 39
- Articulatory suppression technique, 98
- Assessment instruments
 - Beck Anxiety Inventory, 42
 - Beck Depression Inventory, 42
 - Dysfunctional Beliefs and Attitudes about Sleep Scale, 42, 82–83, 161–162
 - Epworth Sleepiness Scale, 36, 139
- Assessment instruments (*cont.*)
 - Glasgow Content of Thoughts Inventory, 83, 169–170
 - Glasgow Sleep Effort Scale, 171
 - Hospital Anxiety and Depression Scale, 42
 - Insomnia Severity Index, 137
 - Pittsburgh Sleep Quality Index, 29
 - Pre-Sleep Arousal Scale, 43, 141–142
 - Profile of Mood Scales, 42
 - Sleep Behavior Self-Rating Scale, 153
 - Sleep Disturbance Questionnaire, 43, 143–144
 - Sleep Impairment Index, 33
- Attentional difficulties, and insomnia, 19, 24
- Automatic thoughts: *see* Thought intrusions
- Awakening: *see* Rising time
- Bath, hot bath and sleep, 51–52
- Beck, Aaron, 77
- Beck Anxiety Inventory, 42
- Beck Depression Inventory, 42
- Bed
 - mattress/pillow preferences, 52
 - use for sleep only, 64, 68, 69, 70
- Bedroom, sleep hygiene guidelines, 7, 51–52
- Bedtime
 - forcing sleep, avoiding, 87
 - pre-bedtime wind down, 54–55
 - 7-night per week rule, 68–69
 - sleep restriction model, 63
 - and sleepiness, 68
 - threshold time, calculation of, 67–68
- Behavioral strategy: *see also* Cognitive behavior therapy
 - sleep hygiene, 48–57

- Benzodiazepine-receptor agents
 adverse effects, 105
 dependence on: *see* Sleep medication
 dependency
 effectiveness of, 104–105
 insomnia treatment, 101–103
 new agents, 102, 104
 and REM sleep, 104
 treatment guidelines: *see* Sleep medications
 types of, 101–102
- Body temperature
 circadian control of, 3–4
 hot bath and sleep, 51–52
 and sleepiness, 3–4
- Bootzin, Richard, 61
- Brain, REM and NREM sleep, 1–2
- Breathing, sleep-related breathing disorder (SBD), 33, 39
- Bromazepam, 102
- Caffeine
 caffeine-containing products, 48–49
 as sleep inhibitor, 48
- Caffeine Knowledge Quiz, 147
- Catastrophizing, about lack of sleep, 11, 86
- Chamomile, 104
- Circadian cycle
 circadian disorders, 40
 and sleep, 2–3, 62
- Clonazepam, 102
- Cognition
 cognitive arousal and insomnia, 53
 dysfunctional cognitions, 64–65, 78–80, 85–86
 and sleep deprivation, 9
 sleep-state misperception, 17
- Cognitive behavior therapy, 77–99
 attributions about insomnia, reversal of, 85–86
 case examples, 88–93
 clinical effectiveness of, 79, 95
 cognitive control approach, 97–98
 combined with sleep medication treatment, 108–109
 compliance issues, 93–94
 dysfunctional sleep cognitions
 identification, 81–84
 dysfunctional sleep cognitions
 restructuring, 84–85
- Cognitive behavior therapy (*cont.*)
 general guidelines, 85–87
 objectives of, 80
 paradoxical intention approach, 95–97
 rationale for, 80
 for sleep medication dependency, 118–119
 sleep scale assessment, 82–83
 thought-blocking method, 98–99
 thought intrusions, approaches to, 84–85
 time-span for consultative session, 94
 tolerance to sleep loss, 87
- Cognitive control approach, 97–98
 patient instructions, 97
- Compliance, 125–127
 cognitive behavior therapy, 93–94
 increasing, guidelines for, 125–127
 readiness to change model, 73
 relaxation therapy, 56–57
 7-night per week rule, 68–69
 sleep scheduling routine, 71, 73
- Daytime functioning
 fatigue and insomnia, 18
 insomniac explanation of, 19
 reducing importance of sleep, 86–87
 and sleep loss, 10
 tolerance to sleep loss, 87
- Daytime sleepiness: *see also* Naps
 and insomnia diagnosis, 18, 36
 measure of, 36
- Dehydration, and alcohol use, 49
- Delayed Sleep Phase Syndrome (DSPS), 40
- Delta-wave sleep, 2
- Dependency on sleep medications: *see* Sleep medications dependency
- Depression
 assessment tools, 42
 insomnia as risk for, 10
 and sleep deprivation, 9
 and sleep disorders, 6, 41, 129
- Diagnosis: *see* Insomnia diagnosis
- Dietary supplements, insomnia treatment, 104
- Dieting, and sleep disruption, 50
- Differential diagnosis, 37–42
 aging, 39
 circadian disorders, 40
 extrinsic sleep disorders, 42
 insomnia, 39

- Differential diagnosis (*cont.*)
 medical/psychiatric-related sleep problems, 41–42
 narcolepsy, 40–41
 parasomnias, 41
 periodic limb movement disorder (PLMD), 39–40
 restless legs syndrome (RLS), 39–40
 sleep-related breathing disorder, 39
- Diphenhydramine, 103
- Doxepin, 103
- Doxylamine, 103
- Dreams, and REM sleep, 2
- Drug holidays, sleep medication dependency, 114–115
- Drug/medication effects, on sleep patterns, 6, 42
- Drug treatment: *see* Sleep medications
- Dysfunctional Beliefs and Attitudes about Sleep Scale* (DBAS), 82–83
- Environment, and sleep patterns, 7, 47, 48, 51–52
- Epworth Sleepiness Scale, 36, 39, 40, 139
- Estrazolam, 102
- Exercise
 and quality sleep, 50
 and sleep disturbance, 7, 48, 50–51
- Extrinsic sleep disorders, 42
- Fatigue, and insomnia, 18
- Fibromyalgia, and insomnia, 6
- 15-minute rule, 69
- Fluoxetine, 103
- Flurazepam, 102, 105
- Forcing sleep
 cognitive approach to, 87–88
 15-minute rule, 69
 paradoxical intention approach, 95–97
- Glasgow Content of Thoughts Inventory (GCTI), 83, 169–170
- Glasgow Sleep Effort Scale, 96, 171
- Group therapy, 122–123
- Health status
 and sleep disturbance, 5–6, 41
 treatment protocol, 128–129
- Herbal remedies, insomnia treatment, 104
- Homeostasis
 and sleep, 3–4, 62
 and sleep restriction method, 62–63
- Hospital Anxiety and Depression Scale, 42
- Hunger, and sleep disruption, 50
- Hypnotics: *see* Benzodiazepine-receptor agents
- Illness/disease, and sleep patterns, 5–6
- Importance of sleep, reducing belief about, 86–87
- Individual therapy, 121–122
- Insomnia
 and body temperature, 4
 clinical signs, case examples, 13–14
 cognitive factors, 78–80
 definition of, 16–17, 39
 and dysfunctional cognitions, 78–80
 dysfunctional cycle of, 78
 and hyperarousal, 53, 78
 neuropsychological findings, 19
 onset of, 20–24
 physical effects of, 10–11
 predisposing factors, 36–37
 prognosis, 20
 psychological effects of, 10
 rebound type and sleep medication, 105
 and sleep stages, 17
 subjective descriptions, limitations of, 15, 17, 19, 24
 subtypes of, 23–24
 as symptom versus syndrome, 20–25
- Insomnia diagnosis, 27–43
- actigraphy, 34–36
- assessment tools: *see* Assessment instruments
- clinical features of insomnia, 24
- daytime sleepiness, 36
- diagnostic criteria, 15, 16
- differential diagnosis, 37–42
- fatigue/sleepiness, 18
- informant report, 33
- polysomnographic (PSG) findings, 17–18, 24, 34
- predisposing, precipitating, perpetuating factors, 36–37
- psychological symptoms, 18
- Sleep Diary, 30–33, 135
- sleep history, 27–30
- sleep history assessment, 133–134

- Insomnia Severity Index, 137
- Insomnia treatment
 - brief consultation model, 123
 - cognitive behavior therapy, 77–99
 - compliance, 125–127
 - drug-psychological treatment
 - combination, 108–109
 - duration of treatment, 123–124
 - group therapy, 122–123
 - individual therapy, 121–122
 - and older adults, 128
 - and patients with medical conditions, 128–129
 - and patients with psychological conditions, 129
 - relaxation therapy, 52–60
 - self-help treatment, 123
 - sleep hygiene approach, 46–52
 - sleep medications, 101–120
 - sleep scheduling, 61–73
- International Classification of Sleep Disorders (ICSD), 29, 38
 - categories of disorders, 38
- Intrusive thoughts: *see* Thought intrusions
- Kava, 104
- Learning disabilities, and insomnia, 24
- Lifestyle, and sleep patterns, 7, 46–47
- Lighting, bedroom environment, 52
- Limb movement, periodic limb movement disorder (PLMD), 33, 39–40
- Lorazepam, 101–102, 106
- Melatonin, 104
- Milk, to induce sleep, 50
- Mood, and sleep deprivation, 9, 10
- Multiple Sleep Latency Test (MSLT), 18, 36
- Naps
 - actigraphic assessment, 34
 - avoiding in insomnia, 62, 70
 - daytime sleepiness assessment, 36
 - and nighttime sleep disturbance, 7
- Narcolepsy, 40–41
- Nicotine, as sleep inhibitor, 49
- Night-shift workers
 - and accidents, 4, 9
 - body temperature, 4
- Nitrazepam, 101, 102
- Noise, effects on sleep, 7, 51
- NREM (non-rapid-eye-movement) sleep
 - stages of, 1–2
 - time spent in, 2
- Older adults
 - and insomnia treatment, 128
 - sleep pattern changes, 4–5, 39, 40
- Oxazepam, 02, 102
- Pain disorders, and insomnia, 6
- Paradoxical intention approach, 95–97
 - patient instructions, 96
- Parasomnias, 41
- Periodic limb movement disorder (PLMD), 33, 39–40
- Physical health, and insomnia, 10–11
- Pittsburgh Sleep Quality Index, 29
- Polysomnography (PSG)
 - insomnia diagnosis, 17–18, 24, 34
 - value of, 34
- Pre-Sleep Arousal Scale, 43, 141–142
- Profile of Mood Scales, 42
- Prognosis, for insomnia, 20
- Psychological conditions
 - and sleep disorders, 6, 24, 41–42
 - and treatment protocol, 129
- Psychotropic medication, sleep disturbance from, 6
- Psychological symptoms, of insomnia, 10, 18
- Quazepam, 102
- Rebound insomnia, and sleep medications, 105
- Recuperative theory of sleep, 7
- Relaxation therapy, 52–60
 - bedtime wind-down, 53–54
 - case example, 57–60
 - compliance issues, 56–57
 - rationale for, 52–53
 - training, steps in, 55–57
 - transcript of session, 149–151
 - visualization, 56–57
- REM (rapid-eye-movement) sleep
 - and aging, 4
 - meaning of, 1
 - as paradoxical sleep, 2
 - time spent in, 2, 4
- Restless legs syndrome (RLS), 39–40

- Rising time
 - and insomnia, 16
 - in sleep scheduling approach, 66
- Sedative-hypnotics, and sleep disturbance, 6
- Self-help treatment, 123
- Sertraline, 103
- 7-night per week rule, 68–69
- Sleep
 - average amount per night, 8
 - biopsychosocial aspects of, 2–7
 - functions of, 7–8
 - inhibitors of, 48–52
 - needs, individual differences, 8, 16
- Sleep Behavior Self-Rating Scale, 153
- Sleep deprivation: *see also* Insomnia
 - partial, effects of, 9
 - total, effects of, 9
- Sleep Diary, 30–33, 135–136
 - clinician instructions, 135
 - example of, 31
 - patient instructions, 135
 - pictorial, 30, 33
 - in sleep scheduling approach, 65
 - value of, 30, 31, 33
- Sleep disorders: *see* Differential diagnosis
- Sleep Disturbance Questionnaire, 43, 53, 143–144
- Sleepefficiency, 39, 69–70
- Sleep history
 - assessment tool, 133–134
 - taking history, 27–30
- Sleep hygiene
 - basic principle, 46–47
 - new patient information, 46
 - Practice Scale, 145
 - rationale for, 46–48
 - relaxation therapy, 52–60
 - sleep inhibitors information, 48–52
- Sleep Hygiene Practice Scale, 47
- Sleep Impairment Index, 33
- Sleep medication dependency, 110–116
 - cognitive behavior therapy for, 118–119
 - drug holidays, 114–115
 - drug substitution, 117–118
 - hypnotic-dependent insomnia, 110–112
 - inpatient detoxification, 116
 - relapse prevention, 115–116
 - step-by-step withdrawal approach, 112–116
- Sleep medication dependency (*cont.*)
 - withdrawal program effectiveness, 119–120
 - withdrawal schedule, 114, 173
 - withdrawal symptoms, 116, 117
- Sleep medications
 - antidepressants, 103
 - antihistamines, 103–104
 - benzodiazepine-receptor agents, 101–103
 - clinical guidelines, 106–107
 - contraindications for, 106
 - dependence on: *see* Sleep medication dependency
 - dietary supplements, 104
 - drug-psychological treatment combination, 108–109
 - duration of treatment, 107
 - effectiveness of, 104–105
 - herbal remedies, 104
 - indications for, 105–106
 - intermittent use, 106–107
 - and rebound insomnia, 105
- Sleep-related breathing disorder (SBD), 33, 39
- Sleep restriction
 - current sleep requirement calculation, 157
 - in sleep scheduling approach, 63–64
- Sleep scheduling
 - case example, 73–76
 - compliance issues, 71, 73
 - guidelines for patients, 64–70, 72
 - objectives of, 64
 - rationale for, 61–64
 - sleep efficiency in, 69–70
 - and sleep restriction, 62–63
 - and stimulus control, 61–63
 - summary sheet for patient, 155
- Sleep stages
 - benzodiazepine effects, 104
 - NREM (non-rapid-eye-movement) sleep, 1–2
 - REM (rapid-eye-movement) sleep, 1
- Sleep-state misperception, 17
- Spielman, Art, 63
- Stimulus control
 - cognitive control method, 97–98
 - in sleep scheduling approach, 61–63
- Stress: *see* Anxiety
- Temazepam, 101, 102, 106
- Temperature of room, effects on sleep, 51

- Thought-blocking method, 98–99
 - articulatory suppression technique, 98
 - patient instructions, 98
 - rationale for, 98
- Thought intrusions
 - about importance of sleep, 86–87
 - articulatory suppression method, 98
 - automatic thought record, 84–85, 167
 - cognitive restructuring methods, 84–85
 - cognitive control approach, 97–98
 - measurement scale for, 83
 - recording in diary, 82
 - self-monitoring form, 159
 - thought-blocking method, 98–99
- Tolerance, and benzodiazepines, 105
- Trazodone, 103
- Triazolam, 102
- Trimipramine, 103
- Valerian, 104
- Visualization, patient instructions, 56–57
- Weekends, sleeping longer, 70
- Withdrawal program: *see* Sleep medication dependency
- Zaleplon, 102, 104, 105
- Zolpidem, 102, 104, 105
- Zopiclone, 102, 104, 105