

## Insomnia Questionnaire

Gaining an understanding of your sleep problem will help us to treat your insomnia. Use this questionnaire as a starting point to help us better understand how you sleep.

1. Do you have trouble falling asleep after getting into bed? Yes No  
If yes, how long does it take you to fall asleep each night? \_\_\_\_\_ minutes or hours
2. Do you wake up during the night after having fallen asleep? Yes No  
If yes, how many times do you typically awaken each night? \_\_\_\_\_ times  
How long are your awakenings? \_\_\_\_\_ minutes or hours
3. Do you wake up too early in the morning? Yes No  
If so, do you have trouble falling back asleep? Yes No
4. What do you do during a typical awakening? (Check all that apply)  
Lie in bed      Use the bathroom      Watch TV      Watch the clock  
Read a book      Worry about problems      Get up and walk around the house
5. Do you read or watch TV in bed? Yes No
6. Do you talk on the phone or use your computer/tablet/smart phone in bed? Yes No
7. How many hours, on average, do you sleep each night? \_\_\_\_\_ hours
8. What is your usual bedtime?  
Weekdays: \_\_\_\_\_ am/pm  
Weekends: \_\_\_\_\_ am/pm
9. What time do you usually get up?  
Weekdays: \_\_\_\_\_ am/pm  
Weekends: \_\_\_\_\_ am/pm
10. Does your bedtime or rise time change by more than one hour from night to night or from weeknights to weekends? Yes No
11. Are you bothered or worried by your sleep problems? Yes No
12. Do you feel wide awake in bed? Yes No
13. Do you experience racing thoughts in bed? Yes No
14. Have you taken anything to help you sleep at night? Yes No  
If yes, what have you taken? (Check all that apply)
  - Over-the-counter medications that contain Diphenhydramine Hydrochloride such as Benadryl, Unisom, Nytol, Sleep-Eze, Tylenol nighttime and Simply Sleep
  - Prescription sleep aids such as Zolpidem (Sublinox), Zopiclone (Imovane), Lorazepam (Ativan), Temazepam (Restoril), and Quetiapine (Seroquel)
  - Dietary / herbal supplements such as melatonin, valerian root, chamomile, passionflower hops
  - Alcohol or marijuana (for their sedating properties)

## About this Questionnaire

Questions 1, 2, 3 are asking if you have trouble falling asleep or staying asleep, or if you wake up too early in the morning. If you answered yes to any of these questions, you have symptoms of insomnia.

Questions 4, 5, 6 are asking about factors that may be making your sleep worse.

Questions 7, 8, 9, and 10 are asking about your total sleep time and your regular sleep schedule. If you are not sleeping enough to feel rested during the day, your overall sleep time is probably too short. If your bedtime and rise time fluctuate from night to night and from weekdays to weekends, your sleep schedule may be contributing to your trouble sleeping.

Questions 11, 12, and 13 are asking about some typical symptoms of insomnia. If you answered yes to any of these questions, you will benefit from various skills and techniques that will help you learn to sleep better.

Question 14 asks about your attempt to overcome insomnia by taking medications, either over-the-counter or prescribed, or by using herbal supplements, alcohol, or marijuana. Many people have tried medications or other substances to overcome their insomnia. However, there can be some significant drawbacks to this approach.

If you have concerns and/or would like to know more about ways to improve your quality of sleep, we can assist you by discussing methods to improve your sleep. If interested, we can also assist with recommending ways to reduce the use of sleep aids.

## Sleep Education Resources

### Books

The Insomnia Workbook by Stephanie A. Sibleman, Ph.D., DABSM. The author also provides various relaxation exercises at [www.sleeppsychology.com](http://www.sleeppsychology.com)

### Websites

National Sleep Foundation : [www.sleepfoundation.org](http://www.sleepfoundation.org)

Canadian Sleep Society : [www.css-scs.ca](http://www.css-scs.ca)

MedSleep: [www.medsleep.com](http://www.medsleep.com)

Sleep Education by the American Academy of Sleep Medicine : [www.sleepeducation.com](http://www.sleepeducation.com)

## Sleep Log

A sleep log can help determine patterns and factors that may be contributing to difficulties sleeping. By being more aware of the factors that affect your sleep, you are better able to make adjustments in behavior that will improve your quality of sleep.

Use this sleep log to record your sleep habits for the next two weeks and see if you notice any patterns. Feel free to discuss your sleep log with your doctor or bring it in to your next appointment with the Medication Assessment Centre and we will discuss it with you.

### How to use your sleep log

Using the sleep log template, record the date on the left-hand column. The sleep log crosses over two days, therefore indicate the night of sleep and the day after. Looking at the sample entry in the first row of the template, the first date is marked 13/5-14/5 because the information is for the night of 13 May, but continues in to the day of 14 May. Use a down arrow (↓) to indicate when your turn out the light each night, or when you go back to bed after a nighttime awakening. Shade in when you actually sleep, whether for a full hour or parts of an hour and include any naps. Use an up arrow (↑) to indicate when you wake up from sleep. Insert the following codes to indicate other factors that may be affecting your sleep.

C=Caffeine	N=Nicotine
E=Exercise	M=Sleep medications
F=Food	A=Alcohol
R=Relaxation exercises	O=Out of bed during the night
S=Stressful event (at work, home, or anywhere else)	

The first two rows of the log are examples of how to use the sleep log. In the first entry the person ate(F) and had some alcohol(A) with their meal at 6pm. At bedtime, he took some sleep medication(M) and turned out the lights(↓) at 10:45pm. He fell asleep around 11:30pm but woke up(↑) around 2am and got out of bed(O). He returned to bed(↓) and fell back asleep around 4am. He woke up at 7:45am and had breakfast(F) with some coffee(C). He had lunch(F) at 12:15pm and then exercised after work at 4pm(E). The second entry was similar but before bed, he did some relaxation exercises(R). In addition, he had a stressful situation at home(S) and had a nap that afternoon. The total hours of sleep he had each day was recorded at the end of each row.

Two Week Sleep Log

Date	6pm	7pm	8pm	9pm	10pm	11pm	12am	1am	2am	3am	4am	5am	6am	7am	8am	9am	10am	11am	Noon	1pm	2pm	3pm	4pm	5pm	Total hrs of sleep	
Sample 13/5-14/5	A/F				M↓				↑0	↓				↑	F/C				F				E		6	
Sample 14/5-15/5	F					R↓					↑↓			↑	F/C	S	↓			↑F	C		E		7	

Adapted from: The Insomnia Workbook by Stephanie A. Silberman, Ph.D, DABSM