

Review of Symptoms:

- Sleep** [Insomnia Severity Index \(ISI\)](#) Score _____
- 0 – 7 = No clinically significant insomnia → sleep education
 - 8–14 = Subthreshold insomnia → sleep education + sleep hygiene
 - 15–21 = Clinical insomnia (moderate severity) → offer PharmaZzz therapy
 - 22–28 = Clinical insomnia (severe) → offer PharmaZzz therapy
- Dysfunctional Beliefs and Attitudes about Sleep** ([DBAS-16](#)) Score _____
- ≥ 4 average (total score/16), ≥ 6 any individual item → monitor, PharmaZzz still appropriate but may be less successful; refer to physician if no or slow response to therapy (See manual)
- Depression** [PHQ-9](#) Score _____
- If 10 or higher → consider referral to physician
PharmaZzz therapy may still be appropriate
- Anxiety** [GAD-7](#) Score _____
- If 10 or higher → consider referral to physician
PharmaZzz therapy may still be appropriate

Duration of sleep disturbance?

- Less than 1 month → educate on management of acute insomnia, monitor
- 1 – 3 months → consider PharmaZzz therapy (e.g., if ongoing hypnotic use is a concern)
- More than 3 months → offer PharmaZzz therapy

Other signs / symptom(s) of concern (systemic or mental health)?

- Yes → List: _____

Enrollment in PharmaZzz program

Describe rationale for enrolling patient:

Provided patient with sleep logs and instructions on use?

- Yes No → Therapy cannot begin without at least one week of sleep log data (two weeks preferred)

If taking a hypnotic, arrangements made to contact prescriber in regards to tapering the medication?

- Yes → Pharmacist will communicate with prescriber.

Name of prescriber: _____

- No → Patient does not wish to reduce hypnotic use at this time

Next appointment: Date: _____ Time: _____ Venue: _____

Pharmacist Completing the Assessment:

Name:

Pharmacy:

Tel:

Fax:

Email:

Signature

Date:

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