

The SomniPlan Worksheet

Directions:

1. Look at your completed Formulator.
2. For each problem with a "√" next to it, find the corresponding Intervention(s) in the last column of the Formulator.
3. Find that same Intervention below. Place a check (√) next to it.
4. If your Formulator recommends the same intervention again, add another check mark. The more checkmarks, the more important that Intervention is for you.
5. Intervention Instructions are provided in Chapters 10 - 16.

Sleep Hygiene (Chapter 10):

Find the specific Sleep Hygiene Intervention listed in the Formulator.

- Don't avoid _____
- Reduce or eliminate intake of tobacco/nicotine _____
- Limit caffeine intake _____
- Reduce or eliminate napping or dozing _____
- Regular physical activity _____
- Avoid drinking alcohol within 3 - 4 hours of bedtime _____
- Wind-down before bedtime _____
- Do not work on a computer, tablet, or cell phone before bedtime _____
- Limit noise in the sleep environment _____
- Limit light in the sleep environment _____
- Use comfortable bedding _____
- Maintain a comfortable temperature in your bedroom _____
- Proper timing and size of meals _____
- Limit beverage intake prior to bedtime _____
- Speak with your bed partner if his or her movements disturb your sleep _____
- Speak with your bed partner about his or her snoring _____

- Keep regular bedtimes _____
- Keep regular rising times _____
- Address or adapt to children disrupting your sleep _____
- Stop watching the clock _____
- Refrain from sleep incompatible activities in the bed or bedroom _____

Stimulus Control (Chapter 11): _____

Sleep Episode Rationing (Chapter 12): _____

Cognitive Therapy for Insomnia (Chapter 13):

Find the specific Cognitive Therapy for Insomnia Intervention listed in the Formulator.

- Cognitive Therapy for Insomnia _____
- Cognitive Therapy (see especially "Learn to Tolerate Insomnia") _____
- Cognitive Therapy (see especially "Anxiety in General") _____
- Cognitive Therapy (see especially "Refocus your Attention") _____

Constructive Worry (Chapter 14): _____

Relaxation Procedure (Chapter 15): _____

Seeking Consultations (Chapter 16):

Find the specific Consultation listed in the Formulator.

- Consult with your Health Care Provider or a Sleep Specialist _____
- Consult with your Mental Health Provider (about worrying excessively) _____
- Consult with your Health Care Provider (about pain) _____
- Consult with your Health Care Provider (about itching) _____
- Consult with your Health Care Provider (about frequent urge to urinate) _____
- Consult with your Health Care Provider (about any medical/physical conditions that could affect sleep) _____

- Consult with your Health Care Provider (about possible medication side effects) _____
- Consult with your Health Care Provider or a Mental Health Care Provider (about anxiety, depression, or mood instability) _____
- Consult with your Health Care Provider or a Mental Health Care Provider (alcohol/substance use specialist) _____
- Consult with your Health Care Provider (about sleep medication use), but continue to use the prescribed dose _____