

The Formulator

The Formulator is a 47-item checklist found only in the SomniSkills Workbook. The Formulator is a unique part of the SomniSkills Program. No other insomnia treatment program offers anything like it. We developed the Formulator because each person's sleep problems are caused by different factors. *A one-size-fits-all approach to insomnia is not the best way to go.*

The Formulator provides a personalized assessment of each person's sleep problems. It accomplishes three objectives: 1) It helps you identify the factors that may be contributing to their insomnia. 2) It briefly explains how these factors could be maintaining your insomnia. 3) It then directs you to specific instructions on how to correct each problem.

We think anyone dealing with sleep problems will find the Formulator interesting, informative, and worthwhile.

The Formulator™

If the item is true for you, *even occasionally*, put a check mark "✓" in the Yes column. If your answer is No, just leave the column blank. Detailed instructions for each intervention are provided in Chapters 10 - 16.

During the past month or more, have you been:	Yes?	Maintaining Factor	List of Interventions for each Maintaining Factor (Detailed instructions for each intervention are in the next chapters.)
Avoiding or withdrawing from activities because of poor sleep?		Reduced Activity could result in: a) Weaker Sleep Drive b) Increased anxiety regarding insomnia.	► Sleep Hygiene (see "Don't Avoid") ► Cognitive Techniques (see "Learn to Tolerate Insomnia")
Using tobacco/nicotine?		Usage of a Stimulant	► Sleep Hygiene (see "Reduce or eliminate intake of tobacco/nicotine")
Drinking more than two caffeinated beverages each day. OR drinking any caffeinated beverages past noontime?		Usage of a Stimulant	► Sleep Hygiene (see "Limit caffeine intake")
Watching TV in bed?		Possible Conditioning	► Sleep Hygiene (see "Refrain from Sleep Incompatible Activities in the Bed or Bedroom") ► Stimulus Control
Reading in bed at bedtime for more than 15 - 20 minutes?		Possible Conditioning	► Sleep Hygiene (see "Refrain from Sleep Incompatible Activities in the Bed or Bedroom") ► Stimulus Control
Engaging in other activities <i>in the bed or bedroom</i> that are incompatible with sleep? For example, paying bills, texting, listening to stimulating music, exercising, etc.		Possible Conditioning Possible Cognitive, Emotional and/or Physiological Arousal	► Sleep Hygiene (see "Refrain from Sleep Incompatible Activities in the Bed or Bedroom") ► Stimulus Control
Napping or dozing?		Possible reduction of Sleep Drive	► Sleep Hygiene (see "Reduce or eliminate napping or dozing") ► Sleep Episode Rationing

Exercising inconsistently or not at all?		Absence or lack of beneficial effect of exercise on Sleep Drive	► Sleep Hygiene (see "Regular physical activity")
During the past month or more, have you been:	Yes?	Maintaining Factor	List of Interventions for each Maintaining Factor (Detailed instructions for each intervention are in the next chapters.)
Exercising within 3-4 hours of bedtime?		Physiological Arousal could be too high at bedtime	► Sleep Hygiene (see "Refrain from exercising too late")
Consuming alcohol within 3-4 hours of bedtime?		Possible delayed Physiological Arousal	► Sleep Hygiene (see "Avoid drinking alcohol within three or four hours of bedtime")
Busy with work, household chores, or stressful activities within a half-hour or so before bedtime?		Possible Cognitive, Emotional and/or Physiological Arousal	► Sleep Hygiene (see "Wind-down before bedtime") ► Relaxation Procedure
Trying to fall asleep at night at times that vary by as much as an hour?		Irregular Sleep Schedule	► Sleep Hygiene (see "Maintain regular bedtimes") ► Sleep Episode Rationing
Waking up for the day at times that vary by as much as an hour?		Irregular Sleep Schedule	► Sleep Hygiene (see "Maintain regular rising times") ► Sleep Episode Rationing
Frequently going to bed earlier than usual to make up for sleep loss from insomnia?		Expanded Sleep Opportunity Window (leading to possible Sleep/Wake Balance problems and extra time for Conditioning)	► Sleep Episode Rationing
Frequently sleeping later than usual to try to make up for sleep loss from insomnia?		Expanded Sleep Opportunity Window (leading to possible Sleep/Wake Balance problems and extra time for Conditioning)	► Sleep Episode Rationing
Taking more than 30 minutes to fall asleep most nights?		Possible Conditioning Possible Sleep/Wake balance problem	► Stimulus Control ► Sleep Episode Rationing
Lying awake in bed in the middle of the night for more than 25 - 30 minutes?		Possible Conditioning Possible Sleep/Wake balance problem	► Stimulus Control Procedure ► Sleep Episode Rationing

Frequently waking up for no obvious reason (e.g., no medical or discomfort issue)?		Possible Sleep/Wake balance problem	► Sleep Episode Rationing
Thinking or worrying about day-to-day problems <i>soon after getting in bed for the night?</i>		Possible Cognitive, Emotional and/or Physiological Arousal	► Constructive Worry ► Relaxation Procedure
During the past month or more, have you been:	Yes?	Maintaining Factor	List of Interventions for each Maintaining Factor (Detailed instructions for each intervention are in the next chapters.)
Using a pillow, sheets, blankets, or a mattress that is uncomfortable?		Sleep Environment - Discomfort	► Sleep Hygiene (see "Use comfortable bedding")
Feeling too hot or cold while trying to sleep?		Sleep Environment - Discomfort	► Sleep Hygiene (see "Maintain a comfortable temperature")
Noticing too much light in your sleep environment?		Sleep Environment	► Sleep Hygiene (see "Limit light in the sleep environment")
Disturbed by noise during when trying to sleep?		Sleep Environment	► Sleep Hygiene (see "Limit noise in the sleep environment")
Using significant quantities of alcohol or substances?		Alcohol or Substance Abuse or Dependence	► Consult with your Health Care Provider or a Mental Health Care Provider (alcohol/substance use specialist)
Disturbed by your bed partner's movement?		Sleep Environment	► Sleep Hygiene (see "Speak with your bed partner regarding his/her movement")
Disturbed by your bed partner's snoring?		Sleep Environment	► Sleep Hygiene (see "Speak with your bed partner regarding his/her snoring")
Disturbed by your children while sleeping or trying to sleep?		Sleep Environment	► Sleep Hygiene (see "Address or adapt to children disrupting your sleep")
Worrying or thinking about your sleep excessively?		Cognitive Arousal, which can trigger Emotional and Physiological Arousal	► Cognitive Therapy for Insomnia ► Relaxation Procedure

Worrying excessively about things other than sleep?		Cognitive Arousal, which can trigger Emotional and Physiological Arousal Possible Mental Health Problem	<ul style="list-style-type: none"> ► Constructive Worry ► Relaxation Procedure ► Cognitive Therapy for Insomnia (see especially "Anxiety in General") ► Consult with a Mental Health Provider (about worrying excessively)
Noticing that in the evening your mind has been too active? For example, your mind is often racing. You have a hard time focusing on one thing at a time.		Cognitive Arousal, which could then trigger Emotional and Physiological Arousal Possibly Insufficient Sleep Drive	<ul style="list-style-type: none"> ► Relaxation Procedure ► Cognitive Therapy for Insomnia (see especially "Refocus your Attention") ► Sleep Hygiene (see "Wind-down before bedtime") ► Sleep Episode Rationing (to help ensure there is enough Sleep Drive and a reasonable "Sleep-Wake Balance")
Frequently looking at the clock when unable to sleep?		Possible Cognitive, Emotional, and/or Physiological Arousal	► Sleep Hygiene (see "Stop watching the clock")
During the past month or more, have you been:	Yes?	Maintaining Factor	List of Interventions for each Maintaining Factor (Detailed instructions for each intervention are in the next chapters.)
Engaging in arousing activities <i>either before bedtime or during a mid-sleep awakening</i> ? For example: playing video games, paperwork, watching stimulating TV, doing chores or other physical activities.		Possible Conditioning Possible Cognitive, Emotional and/or Physiological Arousal	<ul style="list-style-type: none"> ► Stimulus Control Procedure ► Sleep Hygiene (see "Wind-down before bedtime")
Experiencing physical or bodily tension?		Physiological Tension	► Relaxation Procedure
Experiencing physical pain that interferes with your sleep?		Possible Medical/Physiological Problem	► Consult with your Health Care Provider (about pain)
Experiencing persistent itching that affects your sleep?		Possible Medical/Physiological Problem	► Consult with your Health Care Provider (about itching)

Experiencing frequent urges to urinate that interfere with sleep?		Possible Medical/Physiological Problem	<ul style="list-style-type: none"> ► Sleep Hygiene (see "Limit beverage intake prior to bedtime") ► Consult with your Health Care Provider (about frequent urge to urinate)
Feeling hungry or so full that it interferes with your sleep?		Behavioral factors -- Discomfort	<ul style="list-style-type: none"> ► Sleep Hygiene (see "Proper timing and size of meals")
Experiencing any medical/physical condition(s) that could affect sleep?		Possible Medical/Physiological Problem	<ul style="list-style-type: none"> ► Consult with your Health Care Provider (about any medical/physical conditions that could affect sleep)
Using a computer, tablet, or cell phone within an hour of bedtime?		Blue light inhibits melatonin, making it more difficult to fall asleep.	<ul style="list-style-type: none"> ► Sleep Hygiene (see "Do not work on a computer, tablet, or cell phone before bedtime.")
Taking any medication that could affect your sleep? For example: bronchodilators, corticosteroids, decongestants, beta blockers, certain SSRIs, CNS stimulants, and others. (Ask your doctor if you are not sure).		Possible Medication Side Effects	<ul style="list-style-type: none"> ► Consult with your Health Care Provider (about possible medication side effects)
Experiencing excessive or significant anxiety, depression, or mood instability?		Possible Mental Health Problem	<ul style="list-style-type: none"> ► Consult with your Health Care Provider or a Mental Health Care Provider (about excessive anxiety, depression, or mood instability)
Noticing or being told that you may have symptoms of another sleep disorder?		Possible Other Sleep Disorder	<ul style="list-style-type: none"> ► Consult with your Health Care Provider or a Sleep Specialist
During the past month or more, have you been:	Yes?	Maintaining Factor	List of Interventions for each Maintaining Factor (Detailed instructions for each intervention are in the next chapters.)
Sleeping full nights, but feeling tired nonetheless?		Possible other sleep disorder or medical problem	<ul style="list-style-type: none"> ► Consult with your Health Care Provider or a Sleep Specialist

Taking sleeping medications longer than recommended or differently than prescribed?		Possible counter productive use of sleeping aid, possibly leading to: a) Tolerance (less effect) and b) Maintenance of fear of insomnia	► Consult with Health Care Provider (about sleep medication use) but continue to use the prescribed dose
Thinking about upcoming tasks or day-to-day problems <i>soon after you get in bed for the night?</i>		Worry about day-to-day problems and demands	► Constructive Worry ► Relaxation Procedure
Waking up <i>in the middle of the night</i> thinking or worrying about upcoming tasks you must complete?		Worry about day-to-day problems and demands	► Constructive Worry ► Relaxation Procedure
Waking up <i>in the middle of the night</i> thinking or worrying about day-to-day problems in your life?		Possible Cognitive, Emotional and/or Physiological Arousal	► Constructive Worry ► Relaxation Procedure