Module 9 — CBT for Insomnia (CBT-I)

Sleep diary & efficiency · sleep-restriction prescription & titration · stimulus control · cognitive restructuring

Blank worksheets for printing — a teaching aid for supervised skill practice, not a validated instrument.

Sleep Diary (1–2 week baseline)

Complete each morning. Sleep efficiency (SE) = total sleep time ÷ time in bed × 100. TIB = out of bed – into bed. TST = (final wake – lights out) – minutes to fall asleep – minutes awake in the night.

Date	Into bed	Lights out	Min to fall asleep	Min awake in night	Final wake	Out of bed	SE %

Week mean TST: _____ Week mean TIB: _____ Week mean SE: _____ %

Sleep-Restriction Prescription & Weekly Titration

Set the initial time-in-bed prescription from the baseline diary, then titrate weekly by sleep efficiency. Never prescribe below a 5-hour floor.

Baseline mean total sleep time (TST)

Fixed rise (out-of-bed) time — anchor to obligations

Prescribed time in bed = mean TST (minimum 5 hours)

Prescribed bedtime = rise time – prescribed time in bed

Weekly titration guide — SE ≥ 90%: increase time in bed by 15 min · SE 85–89%: hold · SE < 85%: decrease by 15 min (not below the 5-hour floor). Keep the rise time fixed and adjust bedtime.

Week	Time in bed	Bedtime	Rise time	Mean SE %	Action / next-week TIB

Stimulus-Control Plan

Bootzin's stimulus-control rules. Tick those in effect and note the individualized plan and obstacles.

- ☐ Go to bed only when sleepy (not merely tired or on schedule)
- ☐ Use the bed only for sleep and sex — no phone, TV, reading, working, or worrying in bed
- ☐ If not asleep in ~15–20 minutes, get out of bed; do something quiet in dim light; return only when sleepy (repeat as needed)
- ☐ Keep a fixed rise time every day of the week, regardless of how the night went
- ☐ Do not nap during the day (or keep any nap brief and early)

Individualized plan / obstacles / this-week adherence

Cognitive Restructuring — Beliefs About Sleep

For each unhelpful belief about sleep, rate how strongly it is held (0–100%), weigh the evidence for and against, build a balanced alternative, then re-rate.

Unhelpful belief about sleep	% before	Evidence for / against	Balanced alternative belief	% after

Unhelpful belief about sleep	% before	Evidence for / against	Balanced alternative belief	% after

Common targets: unrealistic sleep-need expectations · catastrophizing after a poor night · belief that sleep is uncontrollable · monitoring/clock-watching · effortful trying to sleep.