

My Optimum Sleep Training

Self-Assessment: What kind of insomnia do you have?

On this self-assessment of your insomnia we will look at the characteristics and the drivers of your insomnia. This is largely a thought exercise for you to really think about how you sleep and how you don't sleep. It will help you focus your efforts in the program. As we go through the kinds of insomnia, the models of sleep regulation and of insomnia, and the major behavioral sleep therapies, you will begin to get an insight into your insomnia and the components of the CBT that will help you the most.

Don't worry too much about your answers. There are no right or wrong answers and some questions may be unrelated to your sleep problem. As we progress through the program, keep these questions in mind and some of the answers may become more obvious over time. We will reassess in the fifth week.

Note: The word "night" means your normal major sleep period even if it is in the daytime. If you work shiftwork you should answer the questions for each schedule, even if you have to answer some questions three or more times.

1. Characteristics of your insomnia:

Questions related to sleep initiation vs sleep maintenance:

Do you have trouble mostly falling asleep or staying asleep or both?

If you have trouble falling sleep, you get frustrated when you can't all asleep quickly? Do you feel sleepy before bedtime but "wake up" when you go to the bedroom? Do you actually doze off before bedtime or just feel sleepy?

If you have trouble staying asleep, do you wake up many times during the night (5 or more) or just a few times (4 or less)? Do you have trouble going back to sleep? How long? (Remember, because you are unoccupied, it often seems longer than it really is.) Do you get frustrated when this happens? Do others sometimes say you were asleep during the night when you know you were not?

Do you wake up too early in the morning and can't go back to sleep? How long have you been in bed when that happens?

Questions related to your biological clock vs your sleep "switch":

Do you fall asleep at about the same time of night regardless of when you go to bed? What time? Or does it take you about the same amount of time to fall asleep regardless of your bedtime? How long? Or does it just vary?

Do you seem to doze off-and-on for a while but take a long time to fall fully asleep? Do you know this or do people tell you that you do this?

Do you work shiftwork or unusual work hours?

Questions about your daytime consequences:

Are you mostly sleepy in the daytime or are you mostly tired? (This is a fine distinction. Think about it.) Do you actually doze off unintentionally? Do you lie down to rest during the day with no intention of actually falling asleep?

2. Your sleep related behavior:

Questions related to your biological clock:

Do you actually get in the bed about the same time almost every night? (+/- 15 minutes) If more, what is the time range (variability)?

Do you get up about the same time almost every morning? (+/- 15 minutes) If more, what is the time range (variability)? Does this time work for your scheduled responsibilities (work, family, appointments)? Do you have to get up too early for responsibilities (family, medicines) but go back to bed?

Do you nap or try to nap during the day? Do you fall asleep if you do? Do people tell you that you do but you don't agree? How often? (more than once a day, daily, several times a week, several times a month)

Questions about your mindset, preparation for sleep and sleep environment:

What do you do before going to get in the bed? Watching TV or on computer or read? Doing chores, paying bills, studying, working?

What is your bedroom like? Is it comfortable? The temperature? Is your bedroom dark (or very dimly lit) and quiet?

Do you watch TV or are you on your computer (including tablet or smartphone) in bed before falling asleep? Do you listen to "talk radio" in bed before you fall asleep? Is the TV or radio on even after you fall asleep?

Do you listen to music in bed before falling asleep? Is the music on even after you fall asleep?

Do you take sleep aids? Over-the-counter, herbal, or prescription? Do you take it every night? The same one? Does it work for you most or all of the time?

3) The history of your insomnia:

Do you remember when your insomnia began and how long it has been?

If so, what was going on at that time? Can you think of anything that may have caused or contributed to your insomnia starting? Has that problem resolved?

Or something in your life changed at that time? (personal relationship, work or work schedule, family status)

Do you have another sleep disorder? Such as: Sleep apnea? (If not sure see my free CPAP course to help decide.) Do you have restless legs before falling asleep or kick your legs while asleep?

Do you have a medical or psychiatric condition that may be driving your insomnia? Such as: Arthritis? Heartburn or gastroesophageal reflux? Chronic back pain? Anxiety and/or depression (including bipolar disorder)?

Are you now dependent upon prescription sleeping pills or OTC pills? What?

4) Prioritizing the treatments:

We will now look at what your answers suggest, both drivers of your insomnia and the therapies to consider. Evaluate how each of the sleep control factors impacts your insomnia and which therapy components might help that. As you learn more some of your answers might change and you should reconsider the impact when that happens.