

## **Topics to include in assessment of insomnia:**

- 1) Sleep problems and patterns
  - Tell me about your sleep...
  - Trouble falling asleep? Staying asleep? Going back to sleep in morning?
  - How many nights per week?
  - Time to bed? Time to rise?
  - Hours asleep?
  - Do you snore?
  - Other sleep concerns?
  - Is your sleep different if you are away from home?
  - How do sleep concerns affect you?
  - When did sleep concerns start? What was happening at that time?
  
- 2) Sleep habits
  - Do you drink, smoke, eat, exercise before bed?
  - Tell me about habits/issues of anyone who sleeps in your bed with you?
  - Do you work, watch TV, etc in bed?
  - What is your bed and bedroom like?
  - How does your work schedule (or other responsibilities) impact your sleep?
  - If you can't sleep, what do you do?
  
- 3) Sleep attitudes
  - Do you look forward to sleep? Dread it?
  - What's going through your mind when you lie down to go to bed?
  
- 4) Related difficulties – screen for / assess:
  - PTSD and nightmares
  - Anxiety
  - Stress
  - Depression
  - Bipolar disorder
  - Other mental health concerns
  - Chronic pain
  - Other medical conditions

**Predisposing factors:**

**Precipitating factors:**

**Perpetuating factors:**