

Insomnia Intake Questionnaire

Name:

Date:

Sleeping Problem History

How long have you been suffering from insomnia?

How did your insomnia start? gradually suddenly

Has your insomnia been: persistent episodic seasonal other

Timeline: construct a timeline for your sleep quality, running from childhood to present, and indicate stressful events and times

G O O D	
P O O R	
childhood	present

Insomnia Problem Please rate the **past week's** severity of your insomnia problems

In the past 7 days	Not at All	A Little Bit	Somewhat	Quite a Bit	Very Much
My sleep was restless	1	2	3	4	5
I was satisfied with my sleep	5	4	3	2	1
My sleep was refreshing	5	4	3	2	1
I had difficulty falling asleep	1	2	3	4	5
	Never	Rarely	Sometimes	Often	Always
I had trouble staying asleep	1	2	3	4	5
I had trouble sleeping	1	2	3	4	5
I got enough sleep	5	4	3	2	1
	Very Poor	Poor	Fair	Good	Very Good
My sleep quality was	5	4	3	2	1

Comments:

What have you found that worsens your sleep?

What have you found that improves your sleep?

How do you sleep in a different bed or a different location? better worse same

Sleep Habits

The following items are descriptions of common sleep habits, daily life activities, and sleep environments. Please circle the number to indicate how often the situations fit your personal experiences, with 1 indicating never and 6 indicating always.	Never	Rarely	Occasionally	Sometimes	Frequently	Always
Unpleasant conversation prior to sleep.	1	2	3	4	5	6
Not enough time to relax prior to sleep.	1	2	3	4	5	6
Falling asleep with TV or music on.	1	2	3	4	5	6
Pondering about unresolved matters while lying in bed.	1	2	3	4	5	6
Check the time in the middle of the night.	1	2	3	4	5	6
Doing sleep-irrelevant activities in bed (e.g., watching TV, reading, etc.).	1	2	3	4	5	6
Worry about not being able to fall asleep in bed.	1	2	3	4	5	6
Worry about night-time sleep during the day.	1	2	3	4	5	6
Vigorous exercise during the 2 hours prior to sleep.	1	2	3	4	5	6
Drinking caffeinated drinks (e.g., coffee, tea, soda) within 4 hours prior to bedtime.	1	2	3	4	5	6
Drinking alcohol within 2 hours prior to bedtime.	1	2	3	4	5	6
Consuming stimulating substances (e.g., nicotine) during the 2 hours prior to bedtime.	1	2	3	4	5	6
Going to bed hungry.	1	2	3	4	5	6
Drinking a lot during the hour prior to sleep.	1	2	3	4	5	6
Eating too much food during the hour prior to sleep.	1	2	3	4	5	6
Sleep environment is either too noisy or too quiet.	1	2	3	4	5	6
Sleep environment is either too bright or too dark.	1	2	3	4	5	6
Sleep environment is either too humid or too dry.	1	2	3	4	5	6
Feeling too hot or too cold during sleep.	1	2	3	4	5	6
Poor ventilation of bedroom.	1	2	3	4	5	6
Uncomfortable bedding and/or pillow.	1	2	3	4	5	6
Too many sleep-unrelated items in bedroom.	1	2	3	4	5	6
Sleep is interfered by bed partner.	1	2	3	4	5	6

Does your sleep wake rhythm change with the seasons? YES NO

Do you ever fall asleep at inappropriate times or places? YES NO

How often do you take naps (including unintentional naps)? _____

Approximately what time would you get up if you were *entirely free* to plan your day?

Approximately what time would you go to bed if you were *entirely free* to plan your evening?

Nocturnal Symptoms: circle all that apply to you:

Respiratory: snoring, gasping, coughing

Motor: restlessness, sleepwalking, sleeptalking

Medical: reflux, palpitations, headaches, seizures

Other: pain, anxiety, frustration, grinding teeth, nightmares

RLS: Do you ever experience uncomfortable or unpleasant sensations in your legs? YES NO

Sleep Schedule This portion of the questionnaire is about when you normally sleep. We are interested in getting as accurate a picture as we can of the times when you normally go to bed and get up. **Please think carefully before giving your answers and be as accurate and as specific as you can be. Please answer in terms of a recent “normal average week” not one in which you traveled, vacationed, or had family crises.**

Please think of GOOD NIGHT TIME as the time at which you are finally in bed and trying to fall asleep.
Please think of GOOD MORNING TIME as the time at which you finally get out of bed and start your day.

	EARLIEST	LATEST	USUAL
On a night before a work day or school day, what is your GOOD NIGHT TIME ?	pm/am	pm/am	pm/am
Before a work day or school day, what is your GOOD MORNING TIME ?	am/pm	am/pm	am/pm
On a night before a day off (e.g., a weekend), what is your GOOD NIGHT TIME ?	pm/am	pm/am	pm/am
Before a day off (e.g., a weekend), what is your GOOD MORNING TIME ?	am/pm	am/pm	am/pm

On most nights, how long, on average does it take you to fall asleep after you start trying? _____ minutes

On most nights, how much sleep do you lose, on average, from waking up during the night (e.g., to go to the bathroom)? _____ minutes

How much sleep do you get per night on average?

What do you do just prior to going to bed?

What do you do in bed before going to sleep?

You want to be at your peak performance for a test that you know is going to be mentally exhausting and will last 2 hours. You are entirely free to plan your day. *Considering only your internal clock*, what time would you choose to take the test?

Daytime Functioning:

In the past 7 days	Not at All	A Little Bit	Somewhat	Quite a Bit	Very Much
I had a hard time getting things done because I was sleepy	1	2	3	4	5
I felt alert when I woke up	5	4	3	2	1
I felt tired	1	2	3	4	5
I had problems during the day because of poor sleep	1	2	3	4	5
I had a hard time concentrating because of poor sleep	1	2	3	4	5
I felt irritable because of poor sleep	1	2	3	4	5
I was sleep during the daytime	1	2	3	4	5
I had trouble staying awake during the day	1	2	3	4	5
Overall, how much did your sleep pattern interfere with your daytime functioning?	1	2	3	4	5

Psychological Functioning

Does your mood seem to change with the seasons? YES NO

Previous counseling or psychotherapy dates, providers and outcome

Have you been hospitalized for psychiatric reasons? If yes, please indicate when and where.

Have you ever made a suicide attempt?