**CBT-I Worksheet**

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 1: Understanding Sleep and Anxiety**

1. **Describe Your Current Sleep Pattern:**
(E.g., how many hours are you sleeping, what time do you go to bed, how often do you wake up during the night, etc.)
2. **Identify Your Main Sleep-Related Concerns:**
(E.g., trouble falling asleep, waking up too early, feeling unrefreshed, etc.)
3. **Link Sleep Issues to Anxiety:**
(E.g., how does anxiety impact your ability to sleep, and how does lack of sleep increase your anxiety?)

**Part 2: Sleep Hygiene and Behavioral Strategies**

1. **Sleep Restriction:**
Based on the current sleep pattern, we’ll set a bedtime window. For example, if you're only sleeping 4 hours, limit the time in bed to those 4 hours until sleep quality improves.
**Current Sleep Window:** From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_.
**New Sleep Window:** From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ (based on current sleep).

*Adjustments will be made weekly.*

1. **Stimulus Control:**
Do you use your bed for activities other than sleep? (e.g., watching TV, working, etc.)

**Goal:** Make your bed a place only for sleeping or intimacy.

1. **Cognitive Restructuring:**
**Identify a worry or thought you often have before bed:**
(E.g., “I’m not going to sleep well, and I’ll be too tired tomorrow.”)

**How can we reframe this thought in a more helpful way?**
(E.g., “Even if I don’t sleep perfectly, I’ve managed before and I can still function.”)