Insomnia Action Plan

Write your answers on the line or check appropriate boxes.

What situations or events started my insomnia cycle last time?
________________________________________________________________________________________

Are there any “High-Risk” situations that apply to me right now?
☐ Negative emotional state: depression, stress, anxiety
☐ Positive emotional state: birth of child or grandchild, upcoming vacation, something exciting
☐ Illness: current illness or injury or an upcoming procedure that involves hospitalization or pain meds that may cause daytime sleeping
☐ Medical conditions: sleep apnea, thyroid dysfunction, chronic pain

Are there any upcoming situations to be aware of?
☐ Travel
☐ New job
☐ Moving
________________________________________________________________________________________

Which parts of the course helped me treat my insomnia the most?
☐ Keeping the same wake-up time every day (no matter how much sleep I get)
☐ Not trying too hard to sleep
☐ Going to bed when I’m sleepy but never before my regular bedtime
☐ Getting out of bed when I’m unable to sleep (20 Minute Rule)
☐ Creating a buffer zone before bed
☐ Getting out of bed if I find myself worrying or having trouble stopping racing thoughts
☐ Engaging in worrying or problem-solving earlier in the evening
☐ Limiting the amount of time I spend in bed each night
☐ Using the bed for sleeping or sex only; removing items that may tempt me such as TVs, tablets, smartphones, etc.
☐ No napping (except for short safety naps)
☐ Not having caffeine or alcohol and not smoking cigarettes or engaging in strenuous exercise within a few hours of my bedtime

Write a specific reminder or statement about things you changed or techniques you used to help you cure your insomnia.
(Example: I always used to turn on the TV as soon as I got into bed, and I would lie there and watch hours of TV that kept me alert and awake. Removing the TV from my bedroom was the biggest and best change I made to help me cure insomnia. It also gives me a great sense of accomplishment that I did this on my own and cured my insomnia.)
________________________________________________________________________________________

Things I need to remember at all times:
1. Don’t compensate for sleep loss. If I have a bad night of sleep, don’t “turn in early” the next night, stay in bed longer the next morning, or nap during the day.
2. Maintain my sleep schedule. Adjustments to current sleep schedule should occur in 15 minute increments only and only on one side of the sleep schedule (ie. morning or night, not both at the same time).
3. Never stay in bed awake for more than 20 minutes.
4. If insomnia starts and persists for more than a few days, keep a sleep diary and resume sleep prescription immediately.

You should review your action plan regularly and update it based on what is going on in your life.

How often would you realistically review and edit your action plan?
☐ Weekly
☐ Monthly
☐ Every 2 months
☐ ____________________