

INSOMNIA ASSESSMENTS

ANNA NOTES:

The first page can be ignored – that's for my use.

Then there are five separate parts for the app:

1. Intro to Insomnia
2. Key reminders for sleep issues
3. Loughborough Daily Sleep Diary
4. Insomnia Severity Index
5. Fatigue Severity Scale

Where we are...

| | |
|--------|--|
| Step 5 | Cognitive strategies for insomnia |
| Step 4 | Relaxation procedures |
| Step 3 | Sleep restriction & stimulus control programme |
| Step 2 | Agree treatment plan with client; sleep education and hygiene |
| Step 1 | Assessment; appropriate treatment of co-morbidity; identify targets for sleep intervention |

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INTRODUCTION: Insomnia Treatment

Many people will experience periods when they find it more difficult than usual to get to sleep. For some however, this can extend to difficulty in sleeping on a prolonged basis. Different people will need varying amounts of sleep; some will wake refreshed after five hours of sleep, whereas others will require a minimum of eight hours. The diagnosis of insomnia requires a persistent difficulty in initiating or maintaining sleep coupled with impaired social or occupational functioning.

The CBT treatment for insomnia (CBT-I) will work to diminish learned associations of being awake and restless in bed, an association which is likely to have developed after a prolonged period of finding it difficult to initiate or maintain sleep. In order to achieve this, an individual will be encouraged to keep a sleep diary, and from this their sleep efficiency (SE) calculated. Sleep efficiency refers to the percentage of time an individual spends in bed asleep. Individuals suffering from chronic insomnia tend to have a very low SE score, but ideally the SE score should be >80%.

By improving sleep efficiency, the association between being in bed asleep is gradually strengthened, and the learned association between being in bed awake and restless is weakened. When this work is carried out in conjunction with sleep education and hygiene, relaxation procedures and cognitive strategies for insomnia to address any underlying anxiety that may be disrupting sleep, significant improvements can be seen in an individual's sleep pattern. The CBT-I approach to insomnia has been well researched. In a review of over 80 published studies examining the efficacy and effectiveness of CBT-I in the treatment of insomnia, CBT-I was found to be lastingly effective in treating chronic insomnia.

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Key reminders for sleep issues:

Sleep onset is an automatic process; conscious effort disrupts automatic processes, so try to avoid consciously trying to get to sleep.

Ensure basic sleep hygiene. Have a routine of winding down before bed – a warm bath, a warm drink, read etc..

Keep to a regular sleep pattern in order to regulate circadian rhythms. Get up at the same time irrespective of the amount of sleep you achieve during the night.

Avoid screen use or any overly stimulating activity during the wind down period.

Sleep treatment aims to break the association of being in bed awake. If you are awake in bed for 20 minutes or longer (approximate timing as it is not helpful to clock-watch), get up and do a gentle activity that is not stimulating. Return to bed only when you are tired. Repeat as necessary.

As part of insomnia treatment, we will discuss the sleep window we need to aim for during the initial stage of treatment. It is usual for people to feel more tired during the early stages of insomnia treatment so it maybe that a gentler approach is adopted initially. We will discuss this in session once the information of your current sleep pattern is established.

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Loughborough Daily Sleep Diary

Complete the diary each morning (“Day 1” will be your first morning). Don’t worry too much about giving exact answers, an estimate will do.

Name:

The date of Day 1:

| Enter the Weekday (Mon, Tues, etc.) | | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|--|--|-------|-------|-------|-------|-------|-------|-------|
| 1 | At what time did you go to bed last night? | | | | | | | |
| 2 | After settling down, how long did it take you to fall asleep? | | | | | | | |
| 3 | After falling asleep, about how many times did you wake up in the night? | | | | | | | |
| 4 | After falling asleep for how long were you awake during the night in total? | | | | | | | |
| 5 | At what time did you finally wake up? | | | | | | | |
| 6 | At what time did you get up? | | | | | | | |
| 7 | How long did you spend in bed last night (from first getting in to finally getting up)? | | | | | | | |
| 8 | How would you rate the quality of your sleep last night? 1 2 3 4 5 V. poor V. good | | | | | | | |

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Insomnia Severity Index (ISI)

Name:

Date:

D.O.B:

Please rate the current (i.e. the past two weeks) severity of your insomnia problem(s) using the scale below:

| | None | Mild | Moderate | Severe | Very severe |
|---|--|---|---|--|-------------------------|
| 1. Difficulty falling asleep | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 2. Difficulty staying awake | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 3. Problem waking up too early | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| 4. How SATISFIED/DISSATISFIED are you with your sleep pattern? | | | | | |
| Very satisfied 0 <input type="radio"/> | Satisfied 1 <input type="radio"/> | Moderately satisfied 2 <input type="radio"/> | Dissatisfied 3 <input type="radio"/> | Very dissatisfied 4 <input type="radio"/> | |
| 5. How noticeable to others do you think your sleep problem is in terms of impairing the quality of your life? | | | | | |
| Not at all noticeable 0 <input type="radio"/> | A Little 1 <input type="radio"/> | Somewhat 2 <input type="radio"/> | Much 3 <input type="radio"/> | Very much noticeable 4 <input type="radio"/> | |
| 6. How WORRIED/DISTRESSED are you about your current sleep problem? | | | | | |
| Not at all worried 0 <input type="radio"/> | Worried 1 <input type="radio"/> | Somewhat 2 <input type="radio"/> | Much 3 <input type="radio"/> | Very much worried 4 <input type="radio"/> | |
| 7. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/home, concentration, memory, mood, etc.)? | | | | | |
| Not at all interfering 0 <input type="radio"/> | Interfering 1 <input type="radio"/> | Somewhat 2 <input type="radio"/> | Much 3 <input type="radio"/> | Very much interfering 4 <input type="radio"/> | |

Score ranges:

- 0-7 No significant insomnia
- 8-14 Sub-threshold insomnia
- 15-21 Moderate insomnia
- 22-28 Severe insomnia

Fatigue Severity Scale

Name:

Date:

D.O.B.:

This questionnaire contains nine statements that rate the severity of your fatigue symptoms. Read each statement and circle a number from 1-7, based on how accurately it reflects your condition during the past week and the extent to which you agree or disagree that the statement applies to you.

***A low value (e.g. 1) indicates strong disagreement with the statement, whereas a high value (e.g. 7) indicates strong agreement.

During the past week, I have found that:

1. My motivation is lower when I am fatigued 1 2 3 4 5 6 7
2. Exercise brings on my fatigue 1 2 3 4 5 6 7
3. I am easily fatigued 1 2 3 4 5 6 7
4. Fatigue interferes with my physical functioning 1 2 3 4 5 6 7
5. Fatigue causes frequent problems for me 1 2 3 4 5 6 7
6. My fatigue prevents sustained physical functioning 1 2 3 4 5 6 7
7. Fatigue interferes with carrying out certain duties and responsibilities 1 2 3 4 5 6 7
8. Fatigue is among my three most disabling symptoms 1 2 3 4 5 6 7
9. Fatigue interferes with my work, family or social life 1 2 3 4 5 6 7

Total score: