Name:_____ Date:_____

Insomnia Treatment Goals

Currently, I typically …

Fall asleep after turning the lights out in _____ minutes.

Am able to fall asleep within 30 minutes _____ out of 7 nights per week.

Wake up early an average of _____ times per night after falling asleep.

Wake up early _____ out of 7 nights per week.

Get an average total of _____ hours of sleep per night.

Feel refreshed from sleep _____ out of 7 mornings per week.

Use a sleep aid (e.g. medication) _____ out of 7 times per week.

After finishing treatment, my goals are to…

Fall asleep after turning the lights out in _____ minutes.

Be able to fall asleep within 30 minutes _____ out of 7 nights per week.

Wake up early an average of _____ times per night after falling asleep.

Wake up early _____ out of 7 nights per week.

Get an average total of _____ hours of sleep per night.

Feel refreshed from sleep _____ out of 7 mornings per week.

Use a sleep aid (e.g. medication) _____ out of 7 times per week.

Other goals I have for treatment:_____

_____

Specialty Behavorial Health
www.sbh-sd.com