

ASSESSING YOUR INSOMNIA PROBLEM

Night-time (My problem is that...)	Check (→)	
I can't get to sleep at the start of the night	→	Sleep-onset Insomnia
I can't stay asleep during the night	→	Sleep-maintenance Insomnia
I can't get to sleep AND I can't stay asleep	→	Mixed Insomnia
Daytime (My poor sleep results in...)	Check (→)	
Fatigue or low energy	→	Insomnia with daytime consequences
Daytime sleepiness	→	
Mental impairments (e.g. attention, memory)	→	
Mood disturbance (e.g. irritability, feeling low)	→	
Poor performance (e.g. work, responsibilities)	→	
Problems with others (e.g. family, friends)	→	
Severity (These are problems for me...)	Check (→)	
Once or twice a week	→	Mild
Three or more nights a week	→	Severe
For less than three months	→	Acute
For more than three months	→	Persistent