Talkspace Sleep Therapy

WORKSHEET

Insomnia exercise | What is insomnia really costing me now?

For each question note how many days per week this is true of you:

Because of insomnia I	Num. of days
Am late for work, school or other activities	
Stay home from work, school or cancel other obligations	
Perform below expectations or am less productive	
Socialize less	
Exercise less	
Skip evening activities because I am too tired	
Skip evening activities because I am worried they will disrupt my sleep	
Have a harder time remembering things	
Have a harder time focusing or concentrating	
Am irritable with other people	
Am more sad, tearful, or anxious	
Worry about sleep during the day	

WORKSHEET

Insomnia exercise | What is insomnia really costing me now?

Because of insomnia I	Num. of days
Feel anxious about how I will sleep at night	
Think about terrible things that may happen because of my insomnia	
Fall asleep during meetings or classes, while watching TV or other times	
Am too tired to drive safely	
Feel physically uncomfortable (e.g., burning eyes, headaches, etc)	

Add up the days in a week you suffer with any of the above and then ask yourself if even a partial reduction would benefit your life