

Talkspace Sleep Therapy

WORKSHEET

Insomnia exercise | Stimulus control therapy plan

Write your answers and review them:

Where will you go after 20 minutes of no sleep?

What activities will you engage in?

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How will you avoid naps or nodding off during the day?

What in-bed behaviors will you choose to give up?

What changes may bring the most discomfort?

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What reasons do you have for why you are willing to make these changes?