

VA



U.S. Department of Veterans Affairs
Veterans Health Administration

Cognitive Behavioral Therapy for **Nightmares**

Minneapolis VA Health Care System
VAPE 10-0813 (618) 07/2024

PATIENT MATERIALS

Kristi E. Pruiksma, PhD, DBSM | Joanne Davis, PhD

Daniel J. Taylor, PhD, DBSM, FSBSM, DABSM

Katherine Miller, PhD, DBSM | Jessica R. Dietch, PhD, DBSM

Noelle Balliett, PhD | Gerlinde Harb, PhD | Michael R. Nadorff, PhD, FSBSM

Allison Wilkerson, PhD, DBSM | Sophie Wardle-Pinkston, PhD

Contents

SESSION 1: SLEEP RHYTHMS AND HABITS	3
COGNITIVE-BEHAVIORAL TREATMENT OF NIGHTMARES	3
OVERVIEW OF TREATMENT	4
SLEEP RHYTHMS.....	4
HELPFUL SLEEP HABITS: STIMULUS CONTROL AND SLEEP HYGIENE	5
STICKING TO THE PROGRAM.....	12
SESSION 1 HOME PRACTICE	13
SESSION 2: NIGHTMARES, STRESS, AND RELAXATION	17
NEW SLEEP PLAN.....	17
HELPFUL HABIT 11: Reduce Safety Behaviors at Night	17
HELPFUL HABIT 12: Schedule Worry Time or Planning Time Well Before Bedtime.....	18
IMPACT OF NIGHTMARES.....	19
THEORIES ABOUT NIGHTMARES.....	21
RELAXATION SKILLS	23
SESSION 2 HOME PRACTICE	28
SESSION 3: TARGETING NIGHTMARES, PART 1	32
FACING THE NIGHTMARE	32
WRITE THE NIGHTMARE OUT	32
READ THE NIGHTMARE	38
PROCESS NIGHTMARE	39
CHANGE THE NIGHTMARE THEMES	39
DEEP BREATHING RELAXATION	42
SESSION 3 HOME PRACTICE	44
SESSION 4: TARGETING NIGHTMARES, PART 2	48
REVIEW RELAXATION PRACTICE AND TROUBLESHOOT.....	48
GENERATING NIGHTMARE RESCRIPTION IDEAS	48
RESCRIPT THE NIGHTMARE	48
READ THE RESCRIPTED DREAM	54
INTRODUCE IMAGERY REHEARSAL	54
RELAXATION	56
SESSION 4 HOME PRACTICE	58
SESSION 5: TARGETING NIGHTMARES, PART 3, AND SLEEP HYGIENE	62
REVIEW RELAXATION PRACTICE AND TROUBLESHOOT.....	62
IMAGERY REHEARSAL REVIEW	62

DEEP BREATHING RELAXATION.....	72
SESSION 5 HOME PRACTICE	74
SESSION 6: NIGHTMARE RESCRIPTION OR PROBLEM SOLVING.....	78
REVIEW RELAXATION PRACTICE AND TROUBLESHOOT.....	78
REVIEW SELF-REPORT MEASURES	78
NIGHTMARE REVIEW	78
RELAXATION	84
REVIEWING PROGRESS IN TREATMENT	85
DEVELOPING FLEXIBILITY IN YOUR SLEEP HABITS	85
WHAT TO DO IF INSOMNIA RETURNS OR CONTINUES	86
WHAT TO DO IF NIGHTMARES CONTINUE OR RETURN.....	86
SESSION 6 HOME PRACTICE	87

SESSION 1: SLEEP RHYTHMS AND HABITS

COGNITIVE-BEHAVIORAL TREATMENT OF NIGHTMARES

- Nightmares are upsetting and well-remembered dreams that usually wake you up.
 - Nightmares may repeat in the same way for years.
 - They may be like a real-life stressful event or be more symbolic of an event.
 - Nightmares may cause physical reactions and emotions like what was experienced during a stressful event and some people may act out their nightmares during sleep.
 - Nightmares can change in how often they happen and how upsetting they are over time.
 - About 5% of adults have chronic nightmares. But 30% of people with trauma have nightmares, and 70% of people with PTSD have nightmares.
- Many people with nightmares also have insomnia.
 - Insomnia is having trouble *falling* asleep or *staying* asleep.
 - Insomnia can be because of nightmares, but some people have insomnia that is not because of nightmares. Others may only have nightmares.
 - About 10% of adults have chronic insomnia. But 30% of people with trauma have insomnia and 80% of people with PTSD have insomnia.



Although 10% of adults have chronic insomnia, about 20% of active-duty service members and 50% of veterans have chronic insomnia.

- Nightmares and insomnia can make each other worse.
 - More insomnia could set someone up to have more nightmares. Nightmares may make it harder to fall asleep and make it hard to stay asleep at night. It can be hard to get back to sleep quickly after a nightmare.
- Nightmares and insomnia are treatable.
 - This treatment is made to improve sleep by teaching you helpful sleep habits and ways to relax. This treatment also includes ways to help nightmares by writing dream content, looking for important themes in the dream, writing new dreams based on the themes, and imagining the new dream before sleep.
 - Studies find that nightmare treatments reduce how often nightmares happen and how intense they are. Treatment can also decrease other symptoms of PTSD and depression.
- For this treatment to work, you must make two commitments:
 1. Come to each session and participate fully.
 2. Complete all practice work in between sessions.

- Practice work is important for trying out the skills and recommendations in your own environment and routine.
- Some of the things you will be asked to do may be difficult at first. Getting the most out of this treatment means trying new things, sticking with them, and practicing the skills you learn here.
- We will look over the practice sheets at the beginning of each session. By completing these forms, we can learn what is and is not working for you.
- You will also be asked to complete other questions at the beginning of some of the sessions. These questions help us see how you are doing.
- The workbook is yours to keep. Please write in it and look over it between sessions.

OVERVIEW OF TREATMENT

This treatment will help you work on behaviors and habits that might feel helpful in the short term but keep problems going in the long term. We are going to work on breaking the cycle of nightmares, sleep problems, stress, unhelpful sleep habits, and avoidance.

SLEEP RHYTHMS

Your sleep habits impact how much you sleep and how good your sleep feels. The body has a “sleep drive” that pushes you to a regular schedule.

Several things change the sleep drive:

1. First is **the amount of sleep your body needs**.
 - Adults should get about seven to nine hours of sleep each night.
 - Some people need more, and some people need less.
 - We need to figure out the amount of sleep *you* need to feel well rested.
 - A general rule is to get enough sleep so that you are not very sleepy during the day. Both too little or too much sleep can make you feel tired, so it’s important to find the “just right” amount for you.
2. The second part of the sleep drive is **how long you have been awake**.
 - The longer you have been awake, the more your body starts to need sleep.
 - The longer you sleep, the less your body needs it.
 - This is like the need for food and water.
 - You can also think of this like a rubber band. The longer you stay awake, the further the rubber band stretches. A rubber band that has been stretched tightly will “snap” quickly when released. This “snap” can be thought of as a short time to fall asleep.
3. Third, the sleep drive is controlled by **circadian rhythms, or your body clock**.
 - The body clock helps keep us awake during the day and lets us sleep at night.
 - The body clock is mostly controlled by what time you get up each morning.
4. Fourth, the sleep drive is controlled by **hyperactivation**, or excitement in the body.

- Stressful experiences can make your body and mind react to a threat to try to protect you. This is sometimes referred to as “fight or flight” mode or “an adrenaline rush.”
- During this rush, it’s almost impossible to sleep. Bodies try to keep us safe when there are threats, so arousal can override the whole sleep system. Our arousal system is kind of like the “gas” and the “brakes” in a car – only one works at a time. So, if you have your foot on the gas pedal (i.e., arousal), then you cannot also be tapping the brakes (i.e., sleep).
- Sometimes, this system is too active and responds to a lot of things, even when they are not actually dangerous.

Next, we are going to learn habits that help our sleep.

HELPFUL SLEEP HABITS: STIMULUS CONTROL AND SLEEP HYGIENE

HELPFUL HABIT 1: Get Out of Bed at the Same Time Each Day*

*This is **one of the most important habits**. This helps your body clock.

What time do you need to wake up on most days to get ready for your day?

- Use the Sleep Diary to see what time makes the most sense. If the body wants to sleep later than what you do right now, you could move parts of the morning routine to the nighttime routine. For example, shower at night instead of in the morning, get clothes ready at night, have children sleep in their play clothes instead of pajamas.

What are some things you could do to get out of bed at the same time each day, even on the weekends or non-work days? Here are some suggestions:

- Set your alarm clock (even if you think your body will wake up on its own). If you use your phone for your alarm, try plugging in your phone away from the bed so you do not look at your phone at night and so you have to get up to turn off the alarm. Try using the “Do not disturb” function on your phone to reduce unwanted alerts.
- Get bright light as soon as you can when you wake up and during the day. Bright light tells your body clock that it’s time to be up, awake, and active.
 - The best source of bright light is the sun! Even on cloudy days, sunlight is stronger than indoor light. Go outside or spend time by a window as much as

possible during the day. More light during the day means that indoor light and light from screens at night will have less impact on your body clock.

- If you can't go outside or be near a window, you could get a light box or light glasses to help you get more bright light.
- Plan fun or important activities first thing to help you want to get up.
 - Plan to meet friends at the coffee shop, hiking trail, church, gym, etc.
 - Reward yourself for waking with your favorite coffee, a nice meal, your favorite show or video game, a hobby, etc.

What things do you want to try to make sure you get out of bed?:

HELPFUL HABIT 2: Use the Bed and Bedroom for Sleep and Sex Only*

*This is **one of the most important habits**. Many people do activities in the bed other than sleep or sex (like scroll on their phone, watch TV, play video games, eat, work on a laptop, or relax). They may also lay awake thinking about their to-do list, worrying, or toss and turn. The problem is that our brains pair things together.

If you imagine going to a movie theater, what type of snack comes to mind? Probably “popcorn.” This is because the movies and popcorn always go together. Every time you go to the movies you will see, smell, taste, and hear people crunching on some popcorn! So, our brains have paired these two things together. It's the same thing with our bed and sleep. Anything you do in the bed gets paired with the bed.



We want to link the bed and sleep by moving wake activities to another room. As shown in the figure, anything besides sleep or sex should not be done in the bed. If your bed is in the same place as other living spaces (e.g., office, kitchen, living room), such as a dorm, loft, or military barracks, we want to find ways to separate the sleep zone from the wake zone. This can be done by having a separate chair, sitting up on the bed for waking activities and being under the covers for sleep.

It is also important to avoid sleeping in places other than the bed. Sleeping on the couch, in the car, or other places can reduce the connection between the bed and sleep.

Let's review what you do:

- What are some activities that you do in your bed or bedroom that need to be moved to another space? How difficult do you think it will be to make this change?
- Do you ever sleep somewhere other than your bed?
- If you have a bed partner, what can you tell them about these changes to get their support?

HELPFUL HABIT 3: Unwind Before Bed*

*This is **one of the most important habits**. The brain is not a light switch that you can just turn on and off. Most of us cannot go full speed until bedtime and then fall asleep right away. Preparing for sleep is like a jetliner preparing for landing. Pilots will skillfully lower slowly until the plane gently lands on the ground. Sleep routines are things you do before bed that tell your body and mind that it's time to wind down and sleep. If you do the same routine before going to bed for a week or two, your mind and body will learn to switch into sleep mode.

What would be a good amount of time for you to unwind (e.g., 30 minutes, 60 minutes)?

- Some activities to do:
 - Stretch or do non-activating yoga
 - Listen to soothing music or an audiobook
 - Prep for the next day (e.g., pack lunch, set out clothes, dishes, laundry, etc.)
 - Take a warm bath (but allow time to cool down prior to bed)
 - Read a magazine or book

- Pray
 - Meditate
 - Write in a gratitude journal
 - Build with LEGOs
 - Color in adult coloring books
 - Do jigsaw puzzles, crossword puzzles, sudoku, etc.
 - Light snack (e.g., glass of warm milk, cheese, or cereal) but avoid heavy meals and lots of fluid (e.g., 8 ounces within 2-3 hours of bedtime) which can disrupt sleep through upset stomach or bathroom trips during the night.
- Some activities to NOT do:
 - Activating screentime before bedtime and during the night.
 - Many technologies are designed to maintain interest and to keep your attention (e.g., shows end with a “cliffhanger,” games reward playing just a little bit longer, etc.). This can stop you from falling asleep.
 - Also, taking away light at night will help to tell the body clock that it’s time to wind down and get in the zone for sleep.
 - If you get a lot of light during the day, then the light at night won’t make a big difference. But, if you spend most of your day indoors (even if there are bright lights on), any light at night might have a big impact on your sleep.
 - Some people do not want to unwind for sleep because they want to avoid sleep to not have a nightmare.
 - This strategy does not work in the long run because our bodies need sleep for a lot of reasons. This may increase the chance of having nightmares because when our body does not have sleep, the brain focuses on getting to the dream stage of sleep first (REM sleep). This is called a “REM rebound”.

What could be part of your sleep routine to help you unwind before bed?

HELPFUL HABIT 4: Go to Bed Only When You Are Sleepy (Not Just Tired)*

*This is **one of the most important habits**. If you go to bed when you are not sleepy, you will not fall asleep. When you go to bed too early, it only gives you more time to become frustrated trying to fall asleep or to be anxious about nightmares.

- This may mean that you go to bed even later than your planned bedtime. That is normal and common the first few weeks in this program.
- Also, remember to stick to your planned time to get up, regardless of the time you go to bed.

How is feeling sleepy different from feeling tired?

- Just feeling tired or worn-out is not a sign of sleepiness. Wait until you feel your eyes closing/itching/becoming heavy, your head bobbing, yawning, or having problems concentrating (such as having to reread the same thing over and over).
- Some people have a hard time knowing these signs, so start paying attention to see if you can notice them.

How do you know when you are sleepy and not just tired?

HELPFUL HABIT 5: Get Out of Bed If Awake More Than 15 Minutes*

*This is **one of the most important habits**.

- People with sleep problems sometimes think they will get back to sleep if they stay in bed or that it gives the body rest. Although it makes sense to stay in bed for a short time to fall asleep, lying awake in bed for long periods of time keeps insomnia going and may increase the chances of a nightmare.
- Do not stay in bed unless you are asleep. After about 15 minutes (or when you feel alert), get out of bed, and engage in non-activating, enjoyable activities until ready for sleep. Over time, this will help you fall asleep quicker by making the bed become a trigger for sleep rather than a trigger for being awake.
- Do not watch the clock. Just estimate when 15 minutes have passed.
 - Watching the clock will increase stress, making it hard to fall asleep. It can be helpful to make it difficult to see the clock during the night by covering the time, turning the clock around, or plugging your phone in across the room.
- Plan the things you are going to do ahead of time and prepare things you will need to get out of bed (e.g., robe, house shoes, blanket).
- Avoid turning on bright lights. Lamps are okay.
- What are some enjoyable or non-activating things you can do outside of the bed?
Some ideas:

- Read a relaxing book or magazine
- Work on an easy crossword puzzle
- Give yourself a mini massage
- Pray, meditate, or journal
- Look at family photos that bring you peace or happiness
- Build with LEGOs
- Practice a relaxation exercise
- Practice grounding exercise
- Listen to soothing music
- Fold laundry
- Listen to an audiobook or podcast
- Engage in crafts (e.g., knitting, beadwork)

Can you think of any other things?

- At the beginning of treatment, you may need to do this several times in a single night. If you can stick to it, your sleep should change quickly.

HELPFUL HABIT 6: Avoid Naps*

*This is **one of the most important habits**. People take naps because they think they need to catch up on missed sleep or because they are tired and think they need a nap to get through the day. Naps that are longer than 30 minutes take away from nighttime sleep. This makes it harder to fall asleep at bedtime and to stay asleep during the night.

- Avoid naps if possible.
- If you feel the need to nap in the early afternoon, this is a normal “post-lunch dip.”
 - Try to get active and/or bright light during the post-lunch dip to keep awake. Walk around the halls or outside, check the mail, run, go up and down stairs, or do push-ups. Remind yourself that the dip will improve with time.

HELFPUL HABIT 7: Make your Sleep Environment Comfortable

It can help to make your environment comfortable.

- Darkness will help sleep. Use blackout shades or a sleep mask.
- Control the temperature so it is comfortable for you – not too hot and not too cold.

- If you and your bed partner have different comfort levels, try to develop a compromise (e.g., use electric blankets with dual controls, or the person who is cold uses more blankets or wears warm pajamas and/or a knit hat to bed).
- Having quiet during your desired sleep time also helps. You can reduce noise with ear plugs, noise-canceling headphones, or background white noise (soft sound with an app or home device, a fan, an FM radio set between stations, or a white noise machine).
 - If your bed partner uses media in bed (e.g., watching TV or videos on their phone, etc.) ask them to use headphones or move to another room for a short time until you get your sleep problem corrected.
- Reduce disruptions during the night. If children or pets sleep in your bed or room during the night, this may lead to disruptions in your sleep. This may affect how you feel and interact with your family the next day.
 - It may be helpful to plan to slowly move children or pets to sleeping in a different area. This may also help their sleep in the long run.

HELPFUL HABIT 8: Cut Down or Stop Nicotine, Alcohol, and Cannabis at Bedtime and at Night

- While nicotine can help you feel relaxed, it activates your mind and body, making it harder to sleep.
- While alcohol can help people fall asleep, this wears off after a few hours. Sleep can become more broken up and less restful because the body processes the alcohol into a stimulating sugar. Alcohol may stop dream sleep (or REM sleep) at first and then cause a dream sleep rebound during the night which could increase the chance of having a nightmare.
- There is not a lot of research on cannabis use, sleep, dreams, and nightmares. There also are a lot of cannabis products. At best, cannabis does not make a difference on nightmares. At worst, it has a negative impact. Some cannabis products may increase the vividness or bizarre nature of nightmares. Consider noticing the impact of cannabis on your sleep with the sleep and nightmare log.

HELPFUL HABIT 9: Stop Having Caffeine About 10 Hours Before Your Bedtime

This includes coffee, tea, energy drinks, soda, workout supplements, and chocolate. Different products have different amount of caffeine. Although small amounts of caffeine may improve alertness, caffeine lasts for hours in the body and can lower the quality of sleep. Caffeine causes the “fight or flight” response. Like other drugs, a tolerance to caffeine can be developed, leading many people to use more caffeine products over time.

HELPFUL HABIT 10: Use Grounding Strategies when Waking from a Nightmare

After waking from a nightmare, you may be unsure of where you are for a moment, and it may take you a long time to calm down. Grounding strategies can help to “ground” yourself in the “here and now” by focusing on where you are. You can use these strategies in bed after a nightmare rather than getting out of bed right away. Grounding strategies can be done any time during the day too!

Here are some specific grounding strategies:

- Focus on breathing
 - Concentrate on every inhale and exhale
 - Repeat a word on every exhale, e.g., “safe”, “calm”
- Safety statement
 - Repeat to yourself something like: “My name is _____, I am safe right now. I am in the present, not in the past. I am in my bedroom in my house in _____.”
- Describe your environment in detail
 - This will help distract from negative thoughts and help you calm down.
- Humor
 - Think of something funny like a favorite scene in a comedy or a favorite joke that always makes you laugh.
 - Save a list of funny things in your phone or notebook (e.g., memories, memes, videos on-line) to use at these times.
- Physical grounding
 - Run cool or warm water over your hands and notice what it feels like.
 - Touch objects around you and notice the textures or surfaces, the colors, weight, temperature.
 - Place a pleasant-smelling candle, perfume, or cologne near your bed to smell.
 - Hold a “grounding object,” that helps you be in the present and reminds you of where you are.

STICKING TO THE PROGRAM

These changes are very important for your sleep treatment. Some people take one habit at a time and others focus on more than one habit at a time. It may take a while to break some of your unhelpful sleep habits. Try not to feel bad! It took many weeks, months, or years to make these habits and it will take time to break them. It will be well worth the effort when your sleep gets better, and you begin to get the rest you deserve!

- Because these changes can be difficult to follow every night, who is a support person that you can talk to about these changes you are going to make?
- How important are these changes to you right now?
- How confident are you about making these changes?

SESSION 1 HOME PRACTICE

- Follow your “New Sleep Plan.” Identify habits to start working on now and habits to work on later.
- Complete the Sleep Diary and Nightmare Log.
- Review session information in the patient packet and bring any questions to the next session.
- Consider speaking with a support person about the changes you are working on.

My New Sleep Plan: Session 1

Under "Habits," check which habits you want to focus on now or later in treatment. Write "NA" for habits that don't apply.

Habits												
Now	Later	Date:										
		1. *To help me get out of bed at the same time every day at _____, I will:										
		2. *I will use the bed and bedroom for sleep and sex only. I will not sleep in places other than the bed. To help me do this, I will:										
		3. I will unwind before bed by:										
		4. I will go to bed only when I am sleepy. I will know I am sleepy when:										
		5. *I will get out of bed if awake more than ~ 15 minutes. I won't clock-watch. I will do these activities until I feel sleepy (or for a limited amount of time):										
		6. *I will not nap during the day (or I will only nap for less than 30 minutes before 3:00pm). I will keep myself from napping by:										
		7. I will change my sleep environment by:										
		8. *I will cut down or stop nicotine, alcohol, and/or cannabis at bedtime and at night and will do the following to help myself make these changes:										
		9. I will stop having caffeine at this time:										
		10. I will use these grounding skill(s) to help me after a nightmare:										
		11. Other:										
		* One of the most important habits.										

Sleep Diary and Nightmare Log Instructions

General Instructions: Complete your sleep diary every day within one hour of getting out of bed in the morning, if possible. If you forget to fill in the diary or are unable to remember, leave the diary blank for that day. Try not to worry about giving exact times and you should not watch the clock. Just give your best estimate. This diary can be used for people who are awake or asleep at unusual times and in places other than a bed. "Day" is the time when you choose or are required to be awake. The term "bed" is the place where you usually sleep.

Step-by-step Instructions:

0. **Date.** Enter today's date even though some of the information you input will be from yesterday.
1. **What time did you get into bed?** Record the time you physically got into bed.
2. **What time did you "try" to go to sleep last night last night?** Record the time that you began "trying" to fall asleep. Some people begin trying to go to sleep as soon as they get in bed, while others get into bed and read, watch TV, or other things. *What we want to know for this question is when you first started trying (e.g., closed your eyes, turned out the lights) to go to sleep.*
3. **How long did it take you to fall asleep in minutes?** Beginning at the time you wrote in question 2, record how long it took you to fall asleep.
4. **How many times did you wake up, not counting your final awakening?** How many times did you wake up between the time you first fell asleep and your final awakening? This would include if you woke up for any reason (e.g., nightmare, sounds, perimeter check, check on the safety of the house or a family member).
5. **In total, how long did these awakenings last in minutes?** What was the total time you were awake between the time you first fell asleep and your final awakening? For example, if you woke 3 times for 20 minutes, 35 minutes, and 15 minutes, add them all up ($20 + 35 + 15 = 70$ minutes or 1 hour and 10 minutes).
6. **What time was your final awakening?** Record the last time you woke up for the day.
7. **What time did you get out of bed for the day?** What time did your feet hit the floor with no further attempt at sleeping? This may be different from your final awakening time (e.g., you may have woken up at 0625 but did not get out of bed to start your day until 0720).
8. **How would you rate the quality of your sleep?** "Sleep Quality" is your sense of whether your sleep was good or poor.
9. **In total, how long did you nap or doze yesterday?** Estimate the total amount of time you spent napping or dozing, in hours and minutes. For instance, if you napped twice, once for 30 minutes and once for 60 minutes, and dozed for 10 minutes, you would answer "1 hour 40 minutes." If you did not nap or doze, enter 0 hours 0 minutes.
10. **Last night, how many nightmares did you have that woke you up?** Record the number of nightmares that caused you to wake up from your sleep last night.
11. **How would you rate the overall severity of your nightmares?** What was the overall severity of the nightmares you experienced last night on a scale on 0 to 4, with 4 being the most severe. If you did not experience any nightmares last night write NA.

ITEMS IN BOX ARE ONLY TO BE COMPLETED WHEN ASSIGNED BY THE THERAPIST

12. **Relaxation practice SUDs ratings Practice 1:** Report your Subjective Units of Distress, or SUDS, directly before and after you practice the relaxation exercise during the day. SUDS range from 0 (meaning no distress/tension) to 100 (meaning the most distress/tension you can imagine).
13. **Relaxation practice SUDs ratings Practice 2:** Report your Subjective Units of Distress, or SUDS, directly before and after you practice the relaxation exercise at night before bed on the same 0-100 scale.
14. **How many times did you practice imagining the new dream yesterday and for how many minutes total?** Record the number of times you practiced imagining your new dream and the total time of practice yesterday. For example, if you practiced twice for 10 minutes each, add the time up to equal 20 minutes total and record "2 (20 min)."
15. **Comments:** If your sleep is affected by some unusual event (such as an illness, an emergency, a dog barking, kids crying or some other disturbance), please make brief notes

Date	Sample							
1. What time did you get into bed?	3/31/22 8:30 PM							
2. What time did you try to go to sleep last night?	9:30 PM							
3. How long did it take you to fall asleep in minutes?	55 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last in minutes?	70 min							
6. What time was your final awakening?	6:30 AM							
7. What time did you get out of bed for the day?	7:10 AM							
8. How would you rate the quality of your sleep? (0=Very Poor, 1=Fair, 2=Good, 3=Very Good)	3							
9. In total, how long did you nap or doze yesterday?	45 min							
10. Last night, how many nightmares did you have that woke you up?	2							
11. How would you rate the overall severity of your nightmares? (0=Not at all to 4= Extremely; NA=not applicable)	4							
TO BE COMPLETED ONLY WHEN ASSIGNED								
12. Relaxation Practice 1: SUDs ratings	Before <u>65</u> After <u>50</u>	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___
13. Relaxation Practice 2: SUDs ratings	Before <u>65</u> After <u>50</u>	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___
14. How many times did you practice imagining the new dream yesterday and for how many minutes total?	1 (15 min)							
15. Comments	I have a cold 10 mg Ambien 4 beers							