

Assessment for the Treatment of Insomnia: The 24-Hour Interview

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The 24-hour interview takes patients “around the clock” for a typical day. During this semi-structured clinical interview, the clinician is using time- and activity-based questions to begin identifying likely targets for treating insomnia and related sleep disorders. The first question – “What time to you get out of bed for the day?” – sets the tone for the interview. Patients often respond by telling the clinician what time they wake up, which requires gentle correction: “Yes, we will get to that in a bit. But what time, physically, do you leave your bed for the day to begin your daily activities?”

Each question in the interview points to specific problems that may be contributing to the patient’s insomnia. The clinician’s silent task during the interview is to begin formulating hypotheses about factors maintaining the patient’s insomnia, and to think about approaches to treat it. For example, if a patient indicates they drink alcohol in the evening, this becomes a natural point for hypothesizing that sleep continuity disturbance is driven by alcohol.

To use the interview worksheet, ask each question listed in bold, on the left-hand side of each page. Record comments below each question. Where indicated (Y/N, #, 0:00, Min.) record yes/no responses, frequency or rating, time, or minutes, respectively. Draw a line through each question once it has been addressed. Circle hypotheses and possible solutions, and add additional comments as needed.

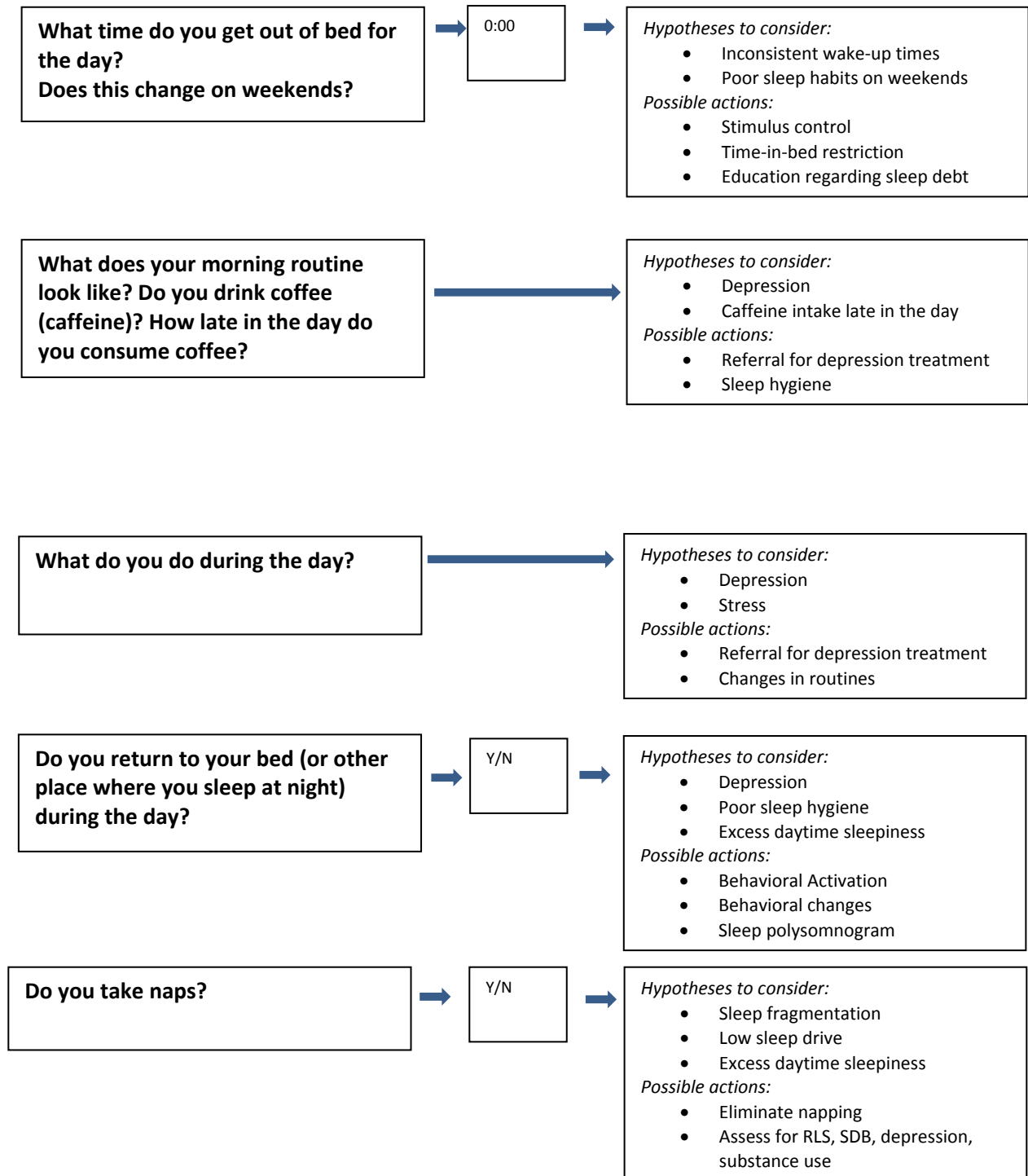
The interview is designed to identify some of the most common reasons people develop and maintain chronic insomnia. Factors that perpetuate chronic insomnia include spending too much time in bed, napping, worrying too much about sleep or the effects of lack of sleep, taking sleeping aids (type, manner, and amount), and remaining in bed tossing and turning when unable to sleep. Additional factors that impact sleep and daytime functioning include sleep disordered breathing (SDB), restless leg syndrome (RLS), excessive daytime use of caffeine, use of alcohol, and use of cannabis. Depression can impact sleep in a number of ways. Early morning awakening is often present during depression. Depressed individuals often spend time in bed during the day, which interferes with building a strong association between bed and sleep. Daytime hypersomnolence in depression can lead to napping, sleep fragmentation, low sleep drive at night, and insomnia. Low energy levels associated with depression (and other health conditions) can increase perceived need for sleep, which in turn can lead to excessive time in bed.

24-Hour Insomnia Interview

Patient:

Date:

Interviewer:



What do you do at the end of the day?

Hypotheses to consider:

- Use of alcohol or other substances
- Exercise
- Napping after work

Possible actions:

- Decrease drinking or use of other drugs
- Timing of exercise
- Eliminate napping or “dozing off”

How do you wind down before bedtime?

Hypotheses to consider:

- Working right up until bedtime
- Screen use up until bedtime
- Exercise before bedtime
- Too much worry and focus on bedtime routines

Possible actions:

- Change, de-emphasize, or implement wind down routines

Do you take sleep aids (anything specifically to aid sleep)? When and how frequently?

Hypotheses to consider:

- Too much worry about sleep aids
- Reliance on sleep aids

Possible actions:

- Cognitive interventions
- Non-prn recommendations
- Tapering and discontinuation

What time do you get in bed for the night?

0:00

Hypotheses to consider:

- In bed too early
- Excessive worry about sleep

Possible actions:

- Time-in-bed restriction
- Cognitive interventions

What do you do once you get in bed?

Hypotheses to consider:

- Use of devices in bed
- Excessive worry about sleep

Possible actions:

- Sleep hygiene improvements
- Cognitive interventions

