



# Sleep Hygiene Education Manual For Adults

## FIDELITY RATING

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**SESSION 1**

**Sleep Hygiene Education Control**

**Study Name:** \_\_\_\_\_

**Participant ID:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_

**Rating Date:** \_\_\_\_\_

**Session Date:** \_\_\_\_\_

**Rater:** \_\_\_\_\_

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	N/A
Inadequate skill/delivery or executed very poorly	Did some things right, but had significant problems or did not complete core elements	Did ok, but many opportunities for improvement. "good enough"	Good skills, included all <b>major</b> elements of session; some areas could be improved	All elements of session presented in a clear manner; little or no improvement needed	

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

Adherence	Competence
Yes/No	1. Re-assessed teletherapy/technology ability and comfort and limits to confidentiality <ul style="list-style-type: none"> <li>• Elicited questions/concerns about using zoom for therapy</li> <li>• <b>Documented participant's address/phone number</b></li> <li>• <b>Explained ideal therapy setting</b></li> <li>• <b>Reviewed limits of confidentiality and answered any questions</b></li> <li>• Engaged in troubleshooting to identify appropriate setting</li> </ul> 1 2 3 4 5 N/A
Yes/No	2. Reviewed sleep diary <ul style="list-style-type: none"> <li>• <b>Reinforced completion of the sleep diary/troubleshoot if non-completion</b></li> <li>• <b>Reviewed overview of previous week's sleep as applicable</b></li> </ul> 1 2 3 4 5 N/A
Yes/No	3. Reviewed Session Components <ul style="list-style-type: none"> <li>• <b>Medical History</b></li> <li>• <b>Psychological History</b></li> <li>• <b>Medication/Supplement History</b></li> <li>• <b>Sleep History</b></li> <li>• <b>Major Life Events</b></li> <li>• Elicited and troubleshoot any questions or concerns from patient</li> </ul> 1 2 3 4 5 N/A

Yes/No	<p>4. Assigned practice</p> <ul style="list-style-type: none"> <li>• <b>Assigned the use of the sleep diary to monitor sleep habits</b></li> <li>• <b>Assigned completion of study tasks that are alerted on the app</b></li> <li>• Elicited and troubleshot any questions or concerns from patient about out of session practice</li> </ul>	1 2 3 4 5 N/A
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**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor                      2 = Fair                      3 = Satisfactory                      4 = Good                      5 = Excellent

1. Established rapport.	1 2 3 4 5
2. Solicited and answered any patient concerns or questions.	1 2 3 4 5
3. Structured the session and used time effectively.	1 2 3 4 5

**Proscribed Elements**

Rate therapist competency related to the following tasks using the Likert scale below on the frequency or extensiveness that the therapist included proscribed elements:

0 = Never                      -1 = Very Rarely or Insignificant                      -2 = Rarely or Minimal                      -3 = Occasionally or Some                      -4 = Frequently or Much                      -5 = Very Frequently or Extensive

1. Therapist recommended components of CBTi or other sleep advice (e.g., stimulus control, sleep restriction, etc.)	0 -1 - 2 -3 -4 -5
2. Therapist implemented interventions (e.g., anxiety, depression, etc.) that are not included in the manual or the model of treatment, except as clearly dictated by patient safety.	0 -1 - 2 -3 -4 -5
3. Significant problems arose that led to a departure from the agenda (describe in Additional Comments, below)	0 -1 - 2 -3 -4 -5

**Total Score:** \_\_\_\_\_

**Additional Comments:**

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**SESSION 2**

**Sleep Hygiene Education Control**

**Study Name:** \_\_\_\_\_

**Participant ID:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_

**Rater:** \_\_\_\_\_

**Session Date:** \_\_\_\_\_

**Client Condition:** \_\_\_\_\_

**Rating Date:** \_\_\_\_\_

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	N/A
Inadequate skill/delivery or executed very poorly	Did some things right, but had significant problems or did not complete core elements	Did ok, but many opportunities for improvement. "good enough"	Good skills, included all <b>major</b> elements of session; some areas could be improved	All elements of session presented in a clear manner; little or no improvement needed	

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

Adherence	Competence	
Yes/No	1. Reviewed sleep diary <ul style="list-style-type: none"> <li>• <b>Reinforced completion of the sleep diary/troubleshoot if non-completion</b></li> <li>• <b>Reviewed overview of previous week's TST and SE</b> and components as applicable (e.g., WASO, SOL, nap time)</li> </ul>	1 2 3 4 5 N/A
Yes/No	2. Explained basics of sleep schedule <ul style="list-style-type: none"> <li>• <b>Explained sleep drive (i.e., sleep is impacted by individual sleep need and how long have been awake)</b></li> <li>• Explained individual differences in sleep need</li> </ul>	1 2 3 4 5 N/A
Yes/No	3. Reviewed process S and process C work together <ul style="list-style-type: none"> <li>• <b>Showed participant figure displaying concept</b></li> <li>• <b>Explained how sleep need and timing control sleep together</b></li> <li>• Assessed understanding and elicit questions</li> </ul>	1 2 3 4 5 N/A
Yes/No	4. Reviewed sleep changes across age <ul style="list-style-type: none"> <li>• <b>Showed participant figure displaying concept</b></li> <li>• <b>Explained sleep parameter changes across the lifespan</b></li> </ul>	1 2 3 4 5 N/A
Yes/No	5. Session 2 Information Review <ul style="list-style-type: none"> <li>• <b>Reviewed answers and corrected/explained any misunderstandings of material presented</b></li> </ul>	1 2 3 4 5 N/A
Yes/No	6. Assigned practice <ul style="list-style-type: none"> <li>• <b>Assigned the use of the sleep diary to monitor sleep habits</b></li> <li>• Assigned completion of study tasks that are alerted on the app</li> <li>• Elicited and troubleshoot any questions or concerns from patient about out of session practice</li> </ul>	1 2 3 4 5 N/A

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor                      2 = Fair                      3 = Satisfactory                      4 = Good                      5 = Excellent

1. Established rapport.	1	2	3	4	5
2. Solicited and answered any patient concerns or questions.	1	2	3	4	5
3. Structured the session and used time effectively.	1	2	3	4	5

**Proscribed Elements**

Rate therapist competency related to the following tasks using the Likert scale below on the frequency or extensiveness that the therapist included proscribed elements:

0 = Never                      -1 = Very Rarely or Insignificant                      -2 = Rarely or Minimal                      -3 = Occasionally or Some                      -4 = Frequently or Much                      -5 = Very Frequently or Extensive

1. Therapist recommended components of CBTi or other sleep advice (e.g., stimulus control, sleep restriction, etc.)	0	-1	-2	-3	-4	-5
2. Therapist implemented interventions (e.g., anxiety, depression, etc.) that are not included in the manual or the model of treatment, except as clearly dictated by patient safety.	0	-1	-2	-3	-4	-5
3. Significant problems arose that led to a departure from the agenda (describe in Additional Comments, below)	0	-1	-2	-3	-4	-5

**Total Score:** \_\_\_\_\_

**Additional Comments:**

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**SESSION 3**

**Sleep Hygiene Education Control**

**Study Name:** \_\_\_\_\_

**Participant ID:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_

**Rater:** \_\_\_\_\_

**Session Date:** \_\_\_\_\_

**Client Condition:** \_\_\_\_\_

**Rating Date:** \_\_\_\_\_

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	N/A
Inadequate skill/delivery or executed very poorly	Did some things right, but had significant problems or did not complete core elements	Did ok, but many opportunities for improvement. "good enough"	Good skills, included all <b>major</b> elements of session; some areas could be improved	All elements of session presented in a clear manner; little or no improvement needed	

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

Adherence	Competence	
Yes/No	1. Reviewed sleep diary • <b>Reinforced completion of the sleep diary/troubleshoot if non-completion</b> • <b>Reviewed overview of previous week's TST and SE</b> and components as applicable (e.g., WASO, SOL, nap time)	1 2 3 4 5 N/A
Yes/No	2. Explained sleep hygiene and guidelines for healthy sleep • <b>Stop drinking caffeine after noon</b> • <b>Cut down or stop alcohol at bedtime</b> • <b>Cut down or stop nicotine at bedtime</b> • <b>Don't exercise within 3 hours of bedtime</b> • <b>Make bedroom environment comfortable</b> • <b>Eat a light snack at bedtime</b> • <b>Avoid excessive fluids near bedtime</b>	1 2 3 4 5 N/A
Yes/No	3. Session 3 Information Review • <b>Asked each of the items</b> • Reviewed/corrected/explained any misunderstandings of material presented	1 2 3 4 5 N/A
Yes/No	4. Assigned practice • <b>Assigned the use of the sleep diary to monitor sleep habits</b> • Assigned completion of study tasks that are alerted on the app • Elicited and troubleshoot any questions or concerns from patient about out of session practice	1 2 3 4 5 N/A

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor                      2 = Fair                      3 = Satisfactory                      4 = Good                      5 = Excellent

1. Established rapport.	1	2	3	4	5
2. Solicited and answered any patient concerns or questions.	1	2	3	4	5
3. Structured the session and used time effectively.	1	2	3	4	5

**Proscribed Elements**

Rate therapist competency related to the following tasks using the Likert scale below on the frequency or extensiveness that the therapist included proscribed elements:

0 = Never      -1 = Very Rarely or Insignificant      -2 = Rarely or Minimal      -3 = Occasionally or Some      -4 = Frequently or Much      -5 = Very Frequently or Extensive

1. Therapist recommended components of CBTi or other sleep advice (e.g., stimulus control, sleep restriction, etc.)	0	-1	-2	-3	-4	-5
2. Therapist implemented interventions (e.g., anxiety, depression, etc.) that are not included in the manual or the model of treatment, except as clearly dictated by patient safety.	0	-1	-2	-3	-4	-5
3. Significant problems arose that led to a departure from the agenda (describe in Additional Comments, below)	0	-1	-2	-3	-4	-5

**Total Score:** \_\_\_\_\_

**Additional Comments:**

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**SESSION 4**

**Sleep Hygiene Education Control**

**Study Name:** \_\_\_\_\_

**Participant ID:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_

**Rater:** \_\_\_\_\_

**Session Date:** \_\_\_\_\_

**Client Condition:** \_\_\_\_\_

**Rating Date:** \_\_\_\_\_

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	N/A
Inadequate skill/delivery or executed very poorly	Did some things right, but had significant problems or did not complete core elements	Did ok, but many opportunities for improvement. "good enough"	Good skills, included all <b>major</b> elements of session; some areas could be improved	All elements of session presented in a clear manner; little or no improvement needed	

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

Adherence	Competence	
Yes/No	1. Reviewed sleep diary <ul style="list-style-type: none"> <li>• <b>Reinforced completion of the sleep diary/troubleshoot if non-completion</b></li> <li>• <b>Reviewed overview of previous week's TST and SE</b> and components as applicable (e.g., WASO, SOL, nap time)</li> </ul>	1 2 3 4 5 N/A
Yes/No	2. Reviewed Nutrition and Sleep <ul style="list-style-type: none"> <li>• <b>Introduced connection between nutrition and sleep</b></li> <li>• <b>Discussed the bidirectional effects of nutrition and sleep</b></li> <li>• Elicited examples from the patient</li> </ul>	1 2 3 4 5 N/A
Yes/No	3. Session 4 Information Review <ul style="list-style-type: none"> <li>• <b>Asked each of the items</b></li> <li>• Reviewed/corrected/explained any misunderstandings of material presented</li> </ul>	1 2 3 4 5 N/A
Yes/No	4. Assigned practice <ul style="list-style-type: none"> <li>• <b>Assigned the use of the sleep diary to monitor sleep habits</b></li> <li>• Assigned completion of study tasks that are alerted on the app</li> <li>• Elicited and troubleshoot any questions or concerns from patient about out of session practice</li> </ul>	1 2 3 4 5 N/A

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor                      2 = Fair                      3 = Satisfactory                      4 = Good                      5 = Excellent

1. Established rapport.	1 2 3 4 5
2. Solicited and answered any patient concerns or questions.	1 2 3 4 5



3. Structured the session and used time effectively.	1	2	3	4	5
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**Proscribed Elements**

Rate therapist competency related to the following tasks using the Likert scale below on the frequency or extensiveness that the therapist included proscribed elements:

0 = Never      -1 = Very Rarely or Insignificant      -2 = Rarely or Minimal      -3 = Occasionally or Some      -4 = Frequently or Much      -5 = Very Frequently or Extensive

1. Therapist recommended components of CBTi or other sleep advice (e.g., stimulus control, sleep restriction, etc.)	0	-1	-2	-3	-4	-5
2. Therapist implemented interventions (e.g., anxiety, depression, etc.) that are not included in the manual or the model of treatment, except as clearly dictated by patient safety.	0	-1	-2	-3	-4	-5
3. Significant problems arose that led to a departure from the agenda (describe in Additional Comments, below)	0	-1	-2	-3	-4	-5

**Total Score:** \_\_\_\_\_

**Additional Comments:**

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**SESSION 5**

**Sleep Hygiene Education Control**

**Study Name:** \_\_\_\_\_

**Participant ID:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_

**Rater:** \_\_\_\_\_

**Session Date:** \_\_\_\_\_

**Client Condition:** \_\_\_\_\_

**Rating Date:** \_\_\_\_\_

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	N/A
Inadequate skill/delivery or executed very poorly	Did some things right, but had significant problems or did not complete core elements	Did ok, but many opportunities for improvement. "good enough"	Good skills, included all <b>major</b> elements of session; some areas could be improved	All elements of session presented in a clear manner; little or no improvement needed	

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

Adherence	Competence
Yes/No	1. Reviewed sleep diary • <b>Reinforced completion of the sleep diary/troubleshoot if non-completion</b> • <b>Reviewed overview of previous week's TST and SE</b> and components as applicable (e.g., WASO, SOL, nap time)
Yes/No	2. Reviewed Exercise and Sleep • <b>Introduced connection between exercise and sleep</b> • <b>Discussed the bidirectional effects of exercise and sleep</b> • <b>Discussed the effects of exercises too close to bedtime</b> • Elicited examples from the patient
Yes/No	3. Session 5 Information Review • <b>Asked each of the items</b> • Reviewed/corrected/explained any misunderstandings of material presented
Yes/No	4. Assigned practice • <b>Assigned the use of the sleep diary to monitor sleep habits</b> • Assigned completion of study tasks that are alerted on the app • Elicited and troubleshoot any questions or concerns from patient about out of session practice

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor                      2 = Fair                      3 = Satisfactory                      4 = Good                      5 = Excellent

1. Established rapport.	1 2 3 4 5
2. Solicited and answered any patient concerns or questions.	1 2 3 4 5

3. Structured the session and used time effectively.	1	2	3	4	5
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**Proscribed Elements**

Rate therapist competency related to the following tasks using the Likert scale below on the frequency or extensiveness that the therapist included proscribed elements:

0 = Never      -1 = Very Rarely or Insignificant      -2 = Rarely or Minimal      -3 = Occasionally or Some      -4 = Frequently or Much      -5 = Very Frequently or Extensive

1. Therapist recommended components of CBTi or other sleep advice (e.g., stimulus control, sleep restriction, etc.)	0	-1	-2	-3	-4	-5
2. Therapist implemented interventions (e.g., anxiety, depression, etc.) that are not included in the manual or the model of treatment, except as clearly dictated by patient safety.	0	-1	-2	-3	-4	-5
3. Significant problems arose that led to a departure from the agenda (describe in Additional Comments, below)	0	-1	-2	-3	-4	-5

**Total Score:** \_\_\_\_\_

**Additional Comments:**

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**SESSION 6**

**Sleep Hygiene Education Control**

Study Name: \_\_\_\_\_  
 Participant ID: \_\_\_\_\_  
 Therapist: \_\_\_\_\_  
 Rater: \_\_\_\_\_

Session Date: \_\_\_\_\_  
 Client Condition: \_\_\_\_\_  
 Rating Date: \_\_\_\_\_

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	N/A
Inadequate skill/delivery or executed very poorly	Did some things right, but had significant problems or did not complete core elements	Did ok, but many opportunities for improvement. "good enough"	Good skills, included all <b>major</b> elements of session; some areas could be improved	All elements of session presented in a clear manner; little or no improvement needed	

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

Adherence	Competence
Yes/No	1. Reviewed sleep diary • <b>Reinforced completion of the sleep diary/troubleshoot if non-completion</b> • <b>Reviewed overview of previous week's TST and SE</b> and components as applicable (e.g., WASO, SOL, nap time)
Yes/No	2. Reviewed a summary of previous sessions • <b>S1: Past experiences and medical history</b> • <b>S2: Sleep basics</b> • <b>S3: Sleep hygiene</b> • <b>S4: Nutrition</b> • <b>S5: Exercise</b> • Elicited and troubleshoot any questions or concerns from patient
Yes/No	3. Discussed developing flexibility in sleep habits • <b>Importance of stable sleep before making any changes</b> • <b>Change only one thing at a time</b> • <b>If sleep gets worse, then you know the change was bad for the patient's sleep</b>
Yes/No	4. Developed plans for return of insomnia • <b>Patient instructed that insomnia is chronic and may return during periods of stress</b> • <b>Patient instructed to use skills learned in treatment</b>
Yes/No	5. Assigned practice • <b>Assigned the use of the sleep diary to monitor sleep habits</b>

	<ul style="list-style-type: none"> <li>• <b>Assigned completion of study tasks that are alerted on the app</b></li> <li>• Elicited and troubleshot any questions or concerns from patient about out of session</li> </ul>
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**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

1 = Poor                      2 = Fair                      3 = Satisfactory                      4 = Good                      5 = Excellent

1. Established rapport.	1	2	3	4	5
2. Solicited and answered any patient concerns or questions.	1	2	3	4	5
3. Structured the session and used time effectively.	1	2	3	4	5

**Proscribed Elements**

Rate therapist competency related to the following tasks using the Likert scale below on the frequency or extensiveness that the therapist included proscribed elements:

0 = Never                      -1 = Very Rarely or Insignificant                      -2 = Rarely or Minimal                      -3 = Occasionally or Some                      -4 = Frequently or Much                      -5 = Very Frequently or Extensive

1. Therapist recommended components of CBTi or other sleep advice (e.g., stimulus control, sleep restriction, etc.)	0	-1	-2	-3	-4	-5
2. Therapist implemented interventions (e.g., anxiety, depression, etc.) that are not included in the manual or the model of treatment, except as clearly dictated by patient safety.	0	-1	-2	-3	-4	-5
3. Significant problems arose that led to a departure from the agenda (describe in Additional Comments, below)	0	-1	-2	-3	-4	-5

**Total Score:** \_\_\_\_\_

**Additional Comments:**

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