

**Sleep Questionnaire**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sleep is important for musculoskeletal healing, your immune system, your mood, cognitive and brain function and for many physiological functions. Please answer the following questions as accurately as possible. Please provide added information. This information will be evaluated to try and determine if you are getting the sleep you need and to determine possible strategies of treatment to help you sleep better.

**Sleep Problems:**

Do you have a sleep problem that has been diagnosed? \_\_\_\_\_

Do you feel that you have a sleep problem and how would you describe it? \_\_\_\_\_

**Sleepiness Questions:**

Do you feel well rested in the morning? Y/N explain \_\_\_\_\_

Are there times during the day or evening that you feel sleepy and what times are these? \_\_\_\_\_

What do you do to wake up when you feel sleepy? \_\_\_\_\_

Have you ever had an accident at work, at home or on your job because you were sleepy? \_\_\_\_\_

Do you take naps and for how many minutes and at what time of day? \_\_\_\_\_

Do you feel well rested after a nap? \_\_\_\_\_

**Insomnia Questions:**

Can you usually fall asleep within 20 minutes of lying in bed? Y/N

How long does it usually take you to fall asleep? \_\_\_\_\_

Do you ever feel so wired at night that it is difficult to fall asleep? \_\_\_\_\_

Have you had a saliva cortisol test and if so do you remember if your night time level was high? \_\_\_\_\_

Do you take(or have you tried) any of the following to fall asleep and if so how many times per week do you take them? Please note by a E for effective or a N for not effective in helping you to sleep

Ambien \_\_\_\_\_ Sonata \_\_\_\_\_ Valium \_\_\_\_\_ Ativan \_\_\_\_\_ Restoril \_\_\_\_\_

Calcium/Magnesium \_\_\_\_\_ Valerian \_\_\_\_\_ Kava \_\_\_\_\_ Melatonin \_\_\_\_\_ Other drugs? \_\_\_\_\_

Do you wake up in the middle of the night and if so how many times and for what reasons? Y/N

Do you have any trouble falling back asleep when you wake up and if so how long does it usually take you? \_\_\_\_\_

Does feeling the need to move your feet or legs at night keep you awake or have you been diagnosed with Restless Legs Syndrome? \_\_\_\_\_

Do you have disturbing dreams at night? \_\_\_\_\_

**Caffeine , Stimulants**

Do you drink or eat things with caffeine and if so how often per day and at what times per day?

Coffee(indicate quantity in ounces or shots of espresso) \_\_\_\_\_ Caffeine containing sodas(Coke, Pepsi, Mountain Dew, Dr Pepper etc. \_\_\_ Water with caffeine \_\_\_\_\_ Tea Green \_\_\_\_\_

Black \_\_\_\_\_ other Tea \_\_\_\_\_

Chocolate \_\_\_\_\_ Coffee/Espresso ice creams \_\_\_\_\_

Do you use Pseudofed or any over the counter cold medications and if so how often and what dose? Y/N

Do you drink alcohol and if so how much and at what times? \_\_\_\_\_

What medications are you on and what time do you take them? \_\_\_\_\_

### **Stress and Stress Reduction**

What kind of stress have you been under in the past few months? \_\_\_\_\_  
What do you do for stress management? \_\_\_\_\_  
Do you have a journal that you write it that is near your bed? \_\_\_\_\_  
Do you exercise aerobically and if so what do you do, how often do you exercise and at what time? \_\_\_\_\_

### **Sleep Hygiene:**

What time do you usually go to bed? \_\_\_\_\_  
What time do you usually wake up? \_\_\_\_\_  
Do you feel that you go to bed too late? \_\_\_\_\_  
If you feel that you go to bed too late what time would you like to go to bed? \_\_\_\_\_  
Do you watch TV in the evenings and if so what hours do you watch it?  
Is the TV in your bed room or in a family room? \_\_\_\_\_  
On the weekend or days off do you vary that schedule? \_\_\_\_\_  
How many hours are you physically in your bed? \_\_\_\_\_  
How many hours of that time that you are in your bed are you asleep? \_\_\_\_\_  
Do you have much light coming into your bedroom and what can you see at night without any lights on?  
\_\_\_\_\_  
Do you have little children that wake you up? \_\_\_\_\_

### **Bedroom, Breathing and Environment:**

Is the air clean or dirty in your room? \_\_\_\_\_  
Are there any unusual smells in your bedroom? \_\_\_\_\_  
Do you snore, stop breathing or have trouble breathing at night? \_\_\_\_\_  
Do you use Breath Easy strips on your nose and do they help you to breath? \_\_\_\_\_  
Do you have carpets or hardwood floors in your bed room? \_\_\_\_\_  
How many rooms in your home have carpets and how old are the carpets? \_\_\_\_\_  
What type of heat is in your home, forced air or radiant? \_\_\_\_\_  
How often do you change the furnace filter in your home? \_\_\_\_\_  
Have you seen any black mold in your window sills or in a basement? \_\_\_\_\_  
Do you have a HEPA air filter for your bed room and if so what brand is it and how long do you run it each day? \_\_\_\_\_  
What type of vacuum cleaner do you use and does it have a HEPA filter in it? \_\_\_\_\_  
How often do you clean the dust in your bedroom? \_\_\_\_\_  
Do you sleep with an animal that snores or moves around and disturbs you? \_\_\_\_\_  
Do you sleep with a bed partner that snores, moves around at night or disturbs you when you are trying to sleep? \_\_\_\_\_  
Do noises wake you up and what are they? \_\_\_\_\_  
Do you live on a noisy street? \_\_\_\_\_  
Do you feel safe in your bed at night? \_\_\_\_\_

### **Bed, Pillows and Pain**

What type of bed do you have and what size is it? \_\_\_\_\_  
Do you wake up because of pain and if so at what time and where is the pain? \_\_\_\_\_  
\_\_\_\_\_  
What type of pillow is most comfortable for you and what type have you tried that did not work? \_\_\_\_\_  
Do you use body pillows and if so how many and how do you use them? \_\_\_\_\_