

## Your Sleep History

**We can better help you get a good night sleep if you fill this out as completely as possible.**

How satisfied are you with your sleep? Horrible/Bad/Poor/Fair/OK/Great

### EVENING

**What do you usually do before bed?**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Watch TV    | <input type="checkbox"/> Meditate    |
| <input type="checkbox"/> Read a book | <input type="checkbox"/> Exercise    |
| <input type="checkbox"/> Shower      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Brush teeth |                                      |

- **What is the last food you eat? \_\_\_\_\_ When do you have it? \_\_\_\_\_**
- **What is the last liquid you drink? \_\_\_\_\_ When do you have it? \_\_\_\_\_**
- **What is the last caffeine or tobacco you use? \_\_\_\_\_ When do you have it? \_\_\_\_\_**
- **What is the last screen that you look at? TV/Computer/phone/tablet/Other \_\_\_\_\_**  
**When do you last look at it? \_\_\_\_\_ For how long? \_\_\_\_\_**

### SLEEP

**What time to you get in bed to go to sleep?**

- |                                     |                                   |                                      |
|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Before 8pm | <input type="checkbox"/> 9-10 pm  | <input type="checkbox"/> 11-12 am    |
| <input type="checkbox"/> 8-9 pm     | <input type="checkbox"/> 10-11 pm | <input type="checkbox"/> after 12 am |

**How long until you fall asleep?**

- |   |  |
|---|--|
| <input type="checkbox"/> Less then 15 minutes | <input type="checkbox"/> about 60 minutes                              |
| <input type="checkbox"/> About 15 minutes     | <input type="checkbox"/> If longer then 60 minutes, what is happening? |
| <input type="checkbox"/> About 30 minutes     |  |

**When is the next time you wake up? \_\_\_\_\_ Why?**

- |   |   |
|---|---|
| <input type="checkbox"/> Pain                     | <input type="checkbox"/> Room Temperature |
| <input type="checkbox"/> Have to use the restroom | <input type="checkbox"/> Animals          |
| <input type="checkbox"/> Partner                  | <input type="checkbox"/> Thoughts running |
| <input type="checkbox"/> Light                    | <input type="checkbox"/> Body moving      |
| <input type="checkbox"/> Sounds                   | <input type="checkbox"/> Other? _____     |
- How long does it take you to get back to sleep?
  - How many times are you up in the night?
  - Do you snore?
  - What position do you sleep in?
  - Is your mattress and pillow comfortable?
  - How many pillows do you use?
  - Anything else about your sleep environment, your habits, your body, your thoughts, emotions or patterns?

### MORNING

- **What time do you wake up in the morning? \_\_\_\_\_**
- **What time do you get out of bed? \_\_\_\_\_**
- **Do you wake up rested? \_\_\_\_\_ explain if needed:**

### DAY TIME

- **How is your energy during the day? Poor-Fair-Good-Great**
- **Do you take naps?**

**Provider Notes:**

ied/how did it work

Goals

Cardinal Sx: /10 /7