**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?

- Watch TV
- Read a book
- Shower
- Brush teeth
- Meditate
- Exercise
- Other

- 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 do you get in bed to go to sleep?

- Before 8 pm
- 8-9 pm
- 9-10 pm
- 10-11 pm
- After 11 pm

How long until you fall asleep?

- Less than 15 minutes
- About 15 minutes
- About 30 minutes
- About 60 minutes
- If longer then 60 minutes, what is happening?

When is the next time you wake up? _________ Why?

- Pain
- Have to use the restroom
- Partner
- Light
- Sounds
- Room Temperature
- Animals
- Thoughts running
- Body moving
- 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:**

Tried/how did it work

Goals

Cardinal Sx: /10 /7

4.2016