

## Sleep Questionnaire

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

Sleep is important for musculoskeletal healing and for healthy immune function, mood, cognitive and brain function, and for many physiological functions. Please answer the following questions as accurately and fully as possible. For Yes / No questions, please circle the correct answer and provide an explanation if one is requested. The information will help to determine whether you are getting the sleep you need and to identify possible strategies to help you sleep better.

### Sleep Problems:

1. Do you have a sleep problem that has been diagnosed? \_\_\_\_\_
2. Do you feel that you have a sleep problem and how would you describe it? \_\_\_\_\_  
\_\_\_\_\_

### Sleepiness Questions:

3. Do you feel well rested in the morning? Yes / No Please explain \_\_\_\_\_
4. Are there times during the day or evening that you feel sleepy and what times are these? \_\_\_\_\_  
\_\_\_\_\_
5. What do you do to wake up when you feel sleepy? \_\_\_\_\_
6. Have you ever had an accident at work, at home or on your job because you were sleepy? Yes / No  
If "Yes," please explain \_\_\_\_\_
7. Do you take naps and for how many minutes and at what time of day? \_\_\_\_\_
8. Do you feel well rested after a nap? \_\_\_\_\_

### Insomnia Questions:

9. Can you usually fall asleep within 20 minutes of lying in bed? Yes / No
10. How long does it usually take you to fall asleep? \_\_\_\_\_
11. Do you ever feel so wired at night that it is difficult to fall asleep? Yes / No
12. Have you had a saliva cortisol test and, if so, do you remember if your night time level was high? \_\_\_\_\_
13. Do you now 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 answer with an E for effective or an N for not effective in helping you to sleep:

Sleep Aids	Tried in the past?	Taking now?	Dosage?	E or N?
Ambien				
Sonata				
Valium				
Ativan				
Restoril				
Calcium/Magnesium				
Valerian				
Kava				
Melatonin				
Other? (Please specify _____)				

14. Do you wake up in the middle of the night and, if so, how many times and for what reasons? Yes / No \_\_\_\_
15. Do you have any trouble falling back asleep when you wake up and, if so, how long does it usually take you?
16. Does feeling the need to move your feet or legs at night keep you awake or have you been diagnosed with Restless Legs Syndrome? \_\_\_\_\_
17. Do you have disturbing dreams at night? \_\_\_\_\_

**Caffeine and Other Stimulants:**

18. If you drink or eat any of the following, please indicate how much (number of ounces, cups, glasses, etc.), how often per day, and at what times per day?

Do you use...	How much?	How often per day?	When during the day?
Coffee			
Caffeinated sodas (Coke, Pepsi, Mountain Dew, etc.)			
Caffeinated water			
Green tea			
Black tea			
Other tea			
Chocolate			
Coffee or espresso ice creams			
Sudafed or other OTC cold medications			
Alcohol			

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

**Stress and Stress Reduction:**

20. What kind of stress have you been under in the past few months? \_\_\_\_\_  
\_\_\_\_\_
21. What do you do for stress management? \_\_\_\_\_
22. Do you have a journal to write in that is near your bed? Yes / No
23. Do you exercise aerobically and, if so, what do you do, how often do you exercise, and at what time of day?  
\_\_\_\_\_

**Sleep Hygiene:**

24. What time do you usually go to bed? \_\_\_\_\_
25. What time do you usually wake up? \_\_\_\_\_
26. Do you feel that you go to bed too late? \_\_\_\_\_
27. If you feel that you go to bed too late, what time would you like to go to bed? \_\_\_\_\_
28. Do you watch TV in the evenings and, if so, what hours do you watch it? \_\_\_\_\_
29. Is the TV in your bedroom or in a family room? \_\_\_\_\_
30. On the weekend or days off do you vary your sleep schedule? \_\_\_\_\_
31. How many hours are you physically in your bed? \_\_\_\_\_

32. How many hours of the time spent in bed are you actually asleep? \_\_\_\_\_
33. Do you have much light coming into your bedroom and what can you see at night without any lights on? \_\_\_\_\_
34. Do you have little children who wake you up? \_\_\_\_\_

**Bedroom, Breathing and Environment:**

35. Is the air in your bedroom clean or dirty? \_\_\_\_\_
36. Are there any unusual smells in your bedroom? If so, please describe \_\_\_\_\_
37. Do you snore, stop breathing, or have trouble breathing at night? \_\_\_\_\_
38. Do you use Breathe-Easy strips on your nose and do they help you to breath? \_\_\_\_\_
39. Do you have carpets or hardwood floors in your bed room? \_\_\_\_\_
40. How many rooms in your home have carpets and how old are the carpets? \_\_\_\_\_
41. What type of heat is in your home: forced air or radiant? \_\_\_\_\_
42. How often do you change the furnace filter in your home? \_\_\_\_\_
43. Have you seen any black mold in your window sills or in a basement? \_\_\_\_\_
44. 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? \_\_\_\_\_
45. What type of vacuum cleaner do you use and does it have a HEPA filter in it? \_\_\_\_\_
- \_\_\_\_\_
46. How often do you clean the dust in your bedroom? \_\_\_\_\_
47. Do you sleep with an animal that snores or moves around and disturbs you? \_\_\_\_\_
48. Do you sleep with a bed partner who snores, moves around at night or disturbs you when you are trying to sleep? \_\_\_\_\_
49. Do noises wake you up? If so, what are they? \_\_\_\_\_
50. Do you live on a noisy street? \_\_\_\_\_
51. Do you feel safe in your bed at night? \_\_\_\_\_

**Bed, Pillows, and Pain:**

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

*The information provided is not meant as a replacement for a physician's care.  
Some or all of the above may help you feel more balanced and give you an overall increased sense of wellbeing.*