

Consults in Wellness, PLLC

SLEEP HISTORY

Usual bedtime _____ or Varies Usual awake time _____ or Varies Usual total sleep hrs _____

CHECK (✓) any that describe your typical, current sleep habits. If past symptoms are notable, place a "P" in blank.

- _____ Deep sleep disrupted by moments of near awakening
- _____ Non-restful or non-restorative sleep despite adequate hours asleep
- _____ Difficulty falling asleep despite being tired or exhausted
- _____ Awakening in middle of night usually between 2-4am
- _____ Awakening early in the morning usually after 4 am and unable to fall back asleep
- _____ Frequent night-time awakening: AND _____ ABLE to fall back asleep _____ UNABLE to fall back asleep
- _____ Excessive daytime sleepiness or drowsiness
- _____ I often nap or fall asleep during daytime or evening hours due to feeling sleepy, tired.
- _____ Difficulty maintaining sleep due to urination or pain or night sweats (circle which applies)
I usually urinate _____ times during the night.
- _____ Sleep disruption due to external factors (ex noises, fear, partners sleep or snoring, pets)
- _____ Diagnosed sleep apnea: _____ Diagnosed narcolepsy (___ Use CPAP machine ___ DO NOT use CPAP)
- _____ I snore during the night _____ I am aware that I wake up due to snoring, apnea or airway feeling blocked.
- _____ Sleep walking, sleep eating or other behaviors while asleep
- _____ Unusual or disturbing or vivid dreams or nightmares _____ Night terrors
- _____ Periodic limb movement disorder or Restless leg syndrome (RLS)
- _____ Altered circadian rhythms (CIRCLE all that apply: travel, jet lag, shift work, other _____)
- _____ Unusual sensations in arms or legs such as numbness, pain, tingling in extremities
- _____ Stiffness of muscles especially on awakening _____ Weakness on awakening
- _____ Grinding of teeth (Bruxism) _____ TMJ _____ I wear a device or guard nightly
- _____ I often get up out of bed during the night because I cannot sleep and do this _____
- _____ I am often awake for _____ minutes / hours during the night because _____
- _____ I do/take/perform the following as a routine to help ensure or improve my sleep: _____

