

# Sleep History

**Medical History:** Sinuses, throat, weight, brain injury, swallowing difficulty, reflux, chronic pain, hypertension, diabetes

Surgeries (e.g. tonsils/adenoids)

Medications:

Recreational Drugs:

Supplements:

Do you suffer from depression?

Do you have pets?

Do they sleep in the bed with you?

Are you pregnant?

Are you breast feeding?

## Sleep Problems

When did your sleep issues start? (Childhood)

What was the first issue?

What do you think is the cause? (Physical, emotional, environmental, partner, pets)

	> 1x/night	Nightly	> 2x/wk	1/wk	>2x/month
Falling Asleep					
Staying Asleep					
Snoring					
Feeling hot/Sweating					
Feeling cold/Shivering					
Tired During the Day					
Snort/Gasping in sleep					
Choking during sleep					
Grinding teeth during sleep					

Pauses during breathing during sleep					
Awakened by muscles spasms? Location?					
Awakened by paralysis (can't move)?					
Kicking/twitching your legs					
Sleep walking					
Sleep talking/yelling					
Bed wetting					
Urinary Frequency					
Urinary Urgency					
Morning Headache					
Morning Pain					
Morning Sore Throat					
Morning Dry Mouth					
Morning Cough					

Have sleep issues caused an accident, loss of performance (work, athletic, sexual), loss of quality of life, fear/concern of driving at night?

### **Sleep Habits**

What time do you go to bed?

What time do you “slow things down” before bed? Do you?

Do you find it difficult to slow down before you go to sleep?

What time do you turn off all the lights?

What do you do in the one hour before you get into bed? Be specific. (E.g. watch TV, brush teeth, wash face, stretch)

Do you sleep with a partner?

Does your partner help you fall asleep or is your partner a possible cause of not falling/staying asleep?

Explain.

What is the temperature of your room when you go to sleep?

How many hours a night do you think you sleep?

Is your sleep consistent throughout the week?

Different on weekends? Vacations?

How long do you think it takes to fall asleep?

How many times do you wake up at night?

If you do, for what reason? (E.g. void, pain, just can't sleep, etc.)

How long does it take to get back to sleep?

What do you do while you are awake?

Do you feel rested upon awakening?

Do you take naps?

On what type of bed do you sleep – brand?

How would you rate the comfort of your bed?

What type of pillow do you use?

How would you rate the comfort of your pillow?

Do you use any sleep aids like alcohol, supplements, or medication(s)? List.

Do you use eye shades, mouth piece, bit guard, CPAP, ear plugs, noise machine, black out shades?

In what position do you sleep?

Do you dream?

Do you remember your dreams?

Do you have nightmares?

Explain and Describe.

Can you “turn off your mind” before sleep?

### **Daily (Work) Habits**

Work Shift: \_\_\_\_\_ am to \_\_\_\_\_ pm                      \_\_\_\_\_ pm to \_\_\_\_\_ pm                      \_\_\_\_\_ pm to \_\_\_\_\_ am

Work Shift: Consistent    Irregular

Work Mental Stress: Low                      Medium                      High

Work Physical Stress: Low                      Medium                      High

Work Environment: Indoors      Outdoors      Both

At what time do you eat your last meal?

At what time do you eat your last bit of food?

At what time do you drink your last liquid (water, juice, soda, alcohol, etc.)?

At what time is your last computer use?

At what time is your last smart phone use?

Do you keep your phone next to your bed?

Is the router on 24/7?

Alcohol Use: Yes      No

Wine    Beer    Spirits

Amount

Energy Drink Use: Coffee (Brand)      Energy Drink (Brand)      Energy Supplement (Brand)

Frequency & Time of Day

Reason: Mental: focus    Physical: performance

Amount:

Smoking Habits (Brand)

Tobacco Chewing Habits (Brand)

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired?  
This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.

	Highly Likely	Moderately	Likely Unlikely	Never
Sitting and reading				
Watching TV				
As a passenger in a car for an hour without a break				
Sitting inactive in a public place (theater, meeting, lecture)				
Lying down to rest in the afternoon when				

circumstances permit				
In a car while stopped for a few minutes in traffic				
Sitting quietly after lunch without alcohol				
Sitting at the pool or on the beach				