Personal Sleep Training Beginner Level Questionnaire

1. Gender: ☐ male ☐ female

2. Date of brith: ☐ month ☐ day ☐ year

3. Height ☐ feet ☐ inches

4. Weight ☐ pounds

5. BMI: ☐ for office use only

6. Describe any past or present sleeping problems in detail:

Pinpointing the Cause - Thinking only about the last 4 weeks, check any of the following statements that are TRUE. If there is an *, ignore the 4 week time frame.

7. ☐ My family and friends said I've become grumpy and irritable.

8. ☐ I was tired all the time.

9. ☐ At least once a week, I had no energy.

10. ☐ I could have easily taken a nap before dinner.

11. ☐ I had trouble concentrating.

12. ☐ I fell asleep at work or school.

13. ☐ My memory wasn't as good as it used to be.

14. ☐ I frequently fell asleep while watching TV.

15. ☐ I was tired for no reason.

16. ☐ I had less energy than I used to have and want to have.

17. ☐ I did not enjoy the things that I used to.

18. ☐ I didn't want to be around other people.

19. ☐ I felt lonely.

20. ☐ I felt that I am not useful or needed.

21. ☐ I felt hopeless about the future.

22. ☐ Almost every day I felt sad, hopeless, discouraged or listless.

23. ☐ I often felt weak.

24. ☐ I have gained weight or have been having more trouble losing weight.

25. ☐ My hair has become coarse and dry and/or is falling out.

26. ☐ My skin has become dry, rough and pale.

27. ☐ The cold bothered me more than most people.

28. ☐ I had frequent muscle cramps and aches.

29. ☐ I was constipated more often than I used to be.

30. ☐ My menstrual cycles have become abnormal.

31. ☐ I was unable to stay awake past 7 or 8 pm.

32. ☐ I was unable to fall asleep before 1 or 2 am.

33. ☐ I had more energy in the morning than at any other time of day.

34. ☐ I worked swing shifts.

35. ☐ I got a second wind in the evenings.

36. ☐ I tended to feel sluggish mid-afternoon around 2 to 3 pm.

37. ☐ I often woke up at 3 to 4 am and couldn't get back to sleep.

38. ☐ I had trouble feeling awake before 9 or 10 am.

39. ☐ Sometimes I woke up with a sore throat.

40. ☐ I got daytime heartburn from certain foods.

41. ☐ Sometimes I got a burning sensation in my chest when I lay down.

42. ☐ Sometimes I woke up choking.

43. ☐ Sometimes when I burped or ate too much, acid or food particles backed up into my mouth.

44. ☐ Sometimes I got a pain in my abdomen when I felt stressed, anxious or under pressure.

45. ☐ I thought I might have developed an ulcer.

46. ☐ Certain food or drink made me gassy or bloated.

47. ☐ I have been told that I snored, snorted or stopped breathing while I was sleeping.

48. ☐ I have been told that I thrashed about a lot when I was sleeping.

49. ☐ I made more than 2 trips to the bathroom most nights.

50. ☐ I slept propped up on 2 or more pillows.

51. ☐ I don't recall having any dreams.

52. ☐ I had a lower sex drive than I used to or wanted to.

53. ☐ *I am a male/female with a neck circumference of 17½ / 16½ inches or more.

54. ☐ * I have gained at least 20 pounds in a six to twelve month period and haven't been able to lose it.

55. ☐ I often woke up with a dry mouth.

56. ☐ I had trouble sleeping if I had a cold.

57. ☐ At least once a week, I slept in a recliner.

58. ☐ At least twice a month, I had a stuffy nose when I woke up.

59. ☐ At least twice a month, I woke up during the night coughing.

60. ☐ At least twice a month, I woke up during the night gasping or short of breath.

61. ☐ At least twice a month, I woke up wheezing or with a tight feeling in my chest.

62. ☐ At least twice a month, you slept with a window open even if it was cold outside.

63. ☐ I could recall dreaming a lot.

64. ☐ I slept through the phone ringing.

65. ☐ I found that using the computer helped keep me awake.

66. ☐ I found myself falling asleep during the day no matter how hard I tried to stay awake.

67. ☐ I seemed to need more than 10 to 12 hours of sleep every night.

68. ☐ No matter how much I slept during the night, I still felt sleepy during the day.

69. ☐ Even if I set an alarm clock, I had trouble getting up in the morning.

70. ☐ * I have had trouble keeping a job because I am always late for work.

71. ☐ I had pain from arthritis, tendonitis, neuralgia or carpal tunnel syndrome.

72. ☐ I had pain from fibromyalgia or chronic fatigue syndrome.

73. ☐ I had general body aches at bedtime.

74. ☐ I had specific joint or limb pain at bedtime.

75. ☐ I woke up during the night because of pain.

76. ☐ I woke up in the morning with specific joint or limb pain.

77. ☐ I work up in the morning with general body aches or stiffness.

78. ☐ I woke up during the night or in the morning with neck or back pain that I did not have when I went to bed.

79. ☐ At least once a week, I anticipated that I would have trouble falling asleep.

80. ☐ At least once a week, I had trouble turning off my thoughts while trying to fall asleep.

81. ☐ At least once a week, I had trouble falling asleep.

82. ☐ At least once a week, I worried about not being able to fall asleep.

83. ☐ At least once a week, I woke up after a few hours of sleep and had trouble going back to sleep.

84. ☐ At least once a week, I lay awake in bed for more than 30 minutes before I fell asleep.

85. ☐ I did not have trouble falling asleep if I was on vacation or on weekends.

86. ☐ I liked to lie in bed and read or watch TV until I fell asleep.

87. ☐ Sometimes when I was laughing or surprised, I felt my muscles were going limp.

88. ☐ Sometimes when I was angry or afraid, I felt my muscles were going limp.

89. ☐ I often felt like I was going around in a daze.

90. ☐ I experienced vivid dream-like scenes without realizing that I was asleep.

91. ☐ I could easily have taken a nap at just about any time of the day.

92. ☐ I had dreams almost immediately after falling asleep at night, during naps or just before I woke up.

93. ☐ I sometimes fell asleep during the day no matter how hard I tried to stay awake.

94. ☐ I had episodes of feeling paralyzed just as I was falling asleep or waking up.

95. ☐ At least once a month, a cramp in one of my legs woke me up.

96. ☐ At least once a month, non-cramp related pain in one of my legs woke me up.

97. ☐ At least once a week, I woke up with sore or achy muscles.

98. ☐ I have been told that I kick at night.

99. ☐ I have been told that parts of my body jerked when I was sleeping.

100 ☐ At least once a week, I had an aching or creepy crawly feeling in my legs while I was falling asleep.

101 ☐ At least once a week, I had an aching or creepy crawly feeling in my legs during the day.

102 ☐ At least once a week, I couldn't keep my legs still at night. I had to move them or get up and walk around to feel comfortable.

103 ☐ I was told that I ground my teeth while sleeping.

104 ☐ I was told that I walked in my sleep.

105 ☐ I was told that I talked in my sleep.

106 ☐ I had a terrible nightmare.

107 ☐ I woke up screaming in fear.

108 ☐ I remember occasionally acting out my dreams.

109 ☐ I sometimes woke up with a sore jaw or a pain in my temples.

110 ☐ If I got a phone call shortly after going to sleep, I had trouble waking up enough to be able to talk coherently.

Epworth Sleepiness Scale (modified)

To assess how sleepy you are during the daytime, answer the questions below. Even if you haven't been in some of these situations, try and guess how they might affect you. Choose from the following answers:

0 = would never doze
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

If you can't relate to the word "doze," think about how likely it is that your eyelids would droop, you'd feel yourself "nodding off" or you'd actually fall asleep DURING THE DAYTIME during the eight activities listed below:

Situation	Chance of dozing (0 - 3)
1. Sitting and reading	
2. Watching TV	
3. Sitting quietly in public, i.e. at church, the movies, etc.	
4. As a passenger in a moving car for an hour without a break	
5. Lying down in the middle of the afternoon	
6. Sitting and talking to someone	
7. Sitting quietly after a lunch without alcohol	
8. As the driver of a car, while stopped in traffic for a few minutes	
TOTAL	

Stanford Sleepiness Scale (very modified)

The following exercise will help confirm at what time you tend to be the most alert during your typical day and when you tend to drag a bit. It will also help identify your ideal bedtime: within half an hour of a sleepiness rating of 4 or more, at 9 pm or later. If you are pushing past this sleepiness, you are probably missing the first and strongest sleepiness wave. This is the sleep wave that is most likely to carry you in deep, refreshing sleep, straight through till morning. Fill in how you feel at the times listed for at least 3 or 4 days, using the number or letter following the descriptions below.

Sleepiness Rating (SR)

Able to function at peak levels; energetic, alert, wide awake	1	Unable to read or concentrate well; feeling a bit logey; fading in and out a bit	5
Able to function at high levels, but not peak; able to read & have a conversation	2	Having trouble keeping your eyes open; drowsy, but fighting it	6
Awake, but mellow or a bit groggy; responsive, but not fully alert	3	Given up fighting sleep; eyelids very heavy; things becoming fuzzy, dream-like	7
Having moments when it is hard to focus or concentrate, but still mostly alert	4	Just waking up or falling asleep	X
		Asleep	Y

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Time of day	SR	SR	SR	SR	SR	SR	SR
6 am							
7 am							
8 am							
9 am							
10 am							
11 am							
noon							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
7 pm							
8 pm							
9 pm							
10 pm							
11 pm							
midnight							

Medical History

Please place an "X" in the correct box

	Yes	No	Don't Know	Details
Do you have high blood pressure?	☐	☐	☐	
Do you still have both your tonsils and adenoids?	☐	☐	☐	
Do you have any breathing problems?	☐	☐	☐	
Do you have any allergies?	☐	☐	☐	
Do you have diabetes?	☐	☐	☐	
Do you have any heart probelms?	☐	☐	☐	
Do you have low or high thyroid levels?	☐	☐	☐	
Is there any family history of sleep problems?	☐	☐	☐	
Is there any family history of depression?	☐	☐	☐	
Have you ever had a stroke?	☐	☐	☐	
Do you find that your mood / energy level is worse in the winter?	☐	☐	☐	
Do you have chronic pain from headaches, arthritis, etc.?	☐	☐	☐	

In general, how would you rate your health? ☐ excellent ☐ good ☐ fair ☐ poor

Medication History

Please list all your CURRENT meds, including vitamins, over-the-counter & herbals, as well as medications you only take now & then.

Name	Dose/Strength	Time of day taken	How many times a day	Condition being treated

Psychosocial History

Primary occupation? Hours/week? Days/week?

Shift? days evenings nights rotating How long have you been at this job?

Do you work a 2nd job, go to school, volunteer, babysit, etc.? yes no Hours/week? Days/week?

Shift? days evenings nights rotating

Marital status? single married separated divorced widowed

Does anyone live with you on a daily basis? spouse/partner parent child other

Do you drink or eat any caffeinated products? yes no What? How much? How often?

Do you now or have you ever smoked cigarettes? yes no If yes, how many PPD? If quit, date quit?

yes no Beer Quantity? Frequency per week

Wine Quantity? Frequency per week

Mixed drinks /liquor Quantity? Frequency per week

Any side effects?

If you have ever used recreational drugs, please list name, frequency used, side effects?

Have you had or almost had a car accident because you fell asleep while driving? yes no

Sleep History **Thinking only about the last four weeks, please answer the following questions: (Check ALL that apply)**

Sleep Environment

Bed Partner? ☐ yes ☐ no ☐ sometimes details

Noise level? ☐ none ☐ minimal ☐ moderate ☐ loud ☐ ear plugs ☐ white noise details

Wearing apparell? ☐ none ☐ loose fitting ☐ snug ☐ socks ☐ nightcap ☐ extra layers details

Sleep surface? ☐ mattress ☐ recliner ☐ sofa ☐ old > 0yrs ☐ OK 0 - 10 yrs ☐ firm ☐ medium ☐ soft

details

Pillows? ☐ one ☐ two ☐ 3 or more ☐ down ☐ polyfil ☐ contoured ☐ other

details

Temperature level? ☐ cold ☐ cool ☐ average ☐ warm ☐ hot

details

Humidity level? ☐ humid (> 50%) ☐ moderate (30 - 50%) ☐ average ☐ dry (< 30%)

details

Light level? ☐ bright ☐ dim ☐ dark ☐ night light ☐ black out shades ☐ sleep mask

details

Sleep History (cont.) **Still thinking only about the last four weeks, please answer the following questions:**

Bedtime Routine

During the week, for the hour before you actually go to sleep, what do you usually do (Check ALL that apply)

- ☐ Had a snack
- ☐ Read a book or magazine
- ☐ Used the computer for pleasure
- ☐ Watched TV
- ☐ Washed up
- ☐ Took a bath or shower
- ☐ Went for a walk
- ☐ Paid bills
- ☐ Talked on phone
- ☐ Did housework
- ☐ Did work for school or work
- ☐ Went to a club or bar
- ☐ Worked out
- ☐ Did yoga/relaxation exercises
- ☐ Other:

On the weekends, for the hour before you actually go to sleep, what do you usually do (Check ALL that apply)

- ☐ Had a snack
- ☐ Read a book or magazine
- ☐ Used the computer for pleasure
- ☐ Watched TV
- ☐ Washed up
- ☐ Took a bath or shower
- ☐ Went for a walk
- ☐ Paid bills
- ☐ Talked on phone
- ☐ Did housework
- ☐ Did work for school or work
- ☐ Went to a club or bar
- ☐ Worked out
- ☐ Did yoga/relaxation exercise
- ☐ Other:

	Typical bedtime	Ave. time to fall asleep	Ave. # awakenings	Typical wake up time	Ave. # hrs sleep
Weekdays					
Comments					

Sleep History (cont.) **Still thinking only about the last four weeks, please answer the following questions:**

Sleep Hygiene

	Frequently	Often	Sometimes	Rarely	Never
You were physically active for at least a 20 - 30 minute session. . .	☐	☐	☐	☐	☐
Please specify type of activity: walking, running, yoga, Pilates, aerobic, weight training, time of day, days/week, and length of sessions:					
You took naps . . .	☐	☐	☐	☐	☐
Please specify frequency, length, time of day, location, etc.					
You took a pill that helped you sleep, but left you groggy the next day . . .	☐	☐	☐	☐	☐
You ate sweet, fatty, spicy or acid foods within 4 hrs of bedtime . . .	☐	☐	☐	☐	☐
You drank coffee, cola, or tea within 4 hours of bedtime . . .	☐	☐	☐	☐	☐
You took a prescription/OTC/vitamin/herbal pill within 4 hrs of bedtime . . .	☐	☐	☐	☐	☐
You drank alcohol within 4 hours of bedtime . . .	☐	☐	☐	☐	☐
You smoked or used a nicotine product within 4 hours of bedtime . . .	☐	☐	☐	☐	☐
You watched TV, snacked, talked on the phone or read IN BED . . .	☐	☐	☐	☐	☐