

## Personal Sleep Training Introductory Level Questionnaire

1. Gender:  male  female
2. Date of birth:  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	<input type="text"/>
2. Watching TV	<input type="text"/>
3. Sitting quietly in public, i.e. at church, the movies, etc.	<input type="text"/>
4. As a passenger in a moving car for an hour without a break	<input type="text"/>
5. Lying down in the middle of the afternoon	<input type="text"/>
6. Sitting and talking to someone	<input type="text"/>
7. Sitting quietly after a lunch without alcohol	<input type="text"/>
8. As the driver of a car, while stopped in traffic for a few minutes	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

## Stanford Sleepiness Scale (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							