

Sleep Questionnaire

Patient Name: _____

1. Rate your sleep quality. Check all that apply

- Wake up tired
 Nightmares/Terrors
 Restless Legs
 Teeth grinding/Tongue biting
 Sleep Apnea
 Snoring
 Difficulty falling asleep
 Toss & turn
 Sleep walk
 Sleep talk
 Wake up during the night (usually at: ____)
 Other: _____

2. What time do you usually go to sleep on weekdays (workdays)? _____ Hours do you sleep per night? _____

What time do you usually go to sleep on weekends (days off)? _____ Hours do you sleep per night? _____

3. How long does it take you to go to sleep?

- 0-5 minutes
 5-15 minutes
 15-30 minutes
 30-60 minutes
 60+ minutes

4. How long has this been happening?

- Less than 1 month
 Longer than 1 month

5. How long do you stay asleep?

- Just minutes
 1-2 hours, wake up, but then return to bed
 Awake nightly at 3 am (2:30-3:30am)

Number of times I wake up on a given night: _____

6. How long could you sleep if left undisturbed?

- <7 hours
 7-8 hours
 9-11 hours
 11+ hours

7. My sleep position is:

- On Back
 On Stomach
 On Side
 No single position is used

8. When do you feel hungry after you awaken?

- Within 30 minutes or less
 Between 30 minutes to 2 hours
 2 or more hours after waking

9. How often do you take a nap during the day?

- Never
 Once a week
 Twice a week
 3+ times a week

How long is a typical nap? _____ What time of day is the nap? _____

10. Have you had an Adrenal Stress Index (ASI) saliva test performed? Yes No I don't know

11. Do you take sleep medications or supplements? No Yes (List names & how long you've taken them)

Medication/Supplement Name	# of days per week used	Date Started/Stopped	Dosage

Daily Sleep Log

Record the times when you sleep, nap and wake up during sleep. Also indicate the times you drink coffee, tea, energy drinks or alcoholic beverages. If you cannot recall exactly the time of some events, give your best guess.

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time In Bed							
Time to Fall Asleep (Min)							
Time(s) Awakened							
# of Caffeine Drinks: Coffee, Tea, Energy Drinks (Circle)	1 2 3 4+						
Energy Drink Times (Circle)	10am 2pm 4pm						
# of Alcoholic Drinks (Circle)	1 2 3 4+						

In addition to recording your sleep cycle above, you may download the app "Sleep Cycle" and record the quality of your deep sleep. Conduct 7 measurements and email directly the graphs to us for additional information.



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Systems Survey form:

37 - Parasympathetic 47 - Blood Sugar 52 - Blood Sugar 107 - Hyperthyroid

124 - Hypothyroid 126 - Hypothyroid 158 - Adrenals 200 - Female

Ragland's:

Adrenals Kidneys Heart ANS:Sympathetic ANS: Parasympathetic