



FxNA sleep assessment

SLEEP HISTORY

While “sleep troubles” are often lumped together as one singular symptom, the reasons leading to your inability to catch those nightly Zzzzs can be varied. Help us to target our recommendations to your unique needs by taking a moment to answer these key sleep questions and assessments.

1. Are you satisfied with your sleep?
2. Do you feel rested in the morning?
3. Do you stay awake all day without dozing?
4. Do you fall asleep in less than 30 minutes?
5. Do you sleep between 6 and 8 hours per night?
6. Do you have a regular bedtime? (If so, when?)
7. Do you have a regular awakening time? (If so, when?)
8. Do you wake in the middle of the night? (If so, is there a regular waking time and how long are you awake?)
9. Are you asleep (or trying to sleep) between 2:00 a.m. and 4:00 a.m.?



10. Do you currently have any practices that enhance the quality of your sleep?

11. What have you tried (habits, supplements, etc.) to remedy sleep troubles in the past?

12. What (if any) electronics are in your room at nighttime?

13. On a scale of 1-10, how dark is your bedroom?

14. Do you consume any stimulants during the day? If so, when?

15. Please identify how you would most generally categorize your sleep troubles:
MIND (racing, working, etc.), BODY (pain, discomfort, etc.), or SPIRIT (depression, anxiety, etc.).

SLEEP SYMPTOMS SCALE

Rate how often you experience each of the following symptoms using the following frequency scale: 0 = *never* 1 = *monthly* 2 = *weekly* 3 = *daily*

0 1 2 3

Daytime sleepiness

No dream recall

Sleepwalking

0 1 2 3

Nightmares

Snoring

Sleep apnea