

Sleep Health Update

Name: _____ Date: _____

- Please write today's main problem/concern. _____
- What time do you usually go to bed? _____
- How long does it take you to fall asleep? _____
- Do you take any sleep aids and if so, how often? _____
- How many times do you wake up during the night? _____
Please list reasons _____
- What time do you wake up in the morning? Do you feel refreshed? _____
- Are you sleepy during the day? Do you doze off or take naps? _____
- Do you fall asleep while driving? Any motor vehicle accidents? _____

Please answer the following if you use a CPAP machine:

- What type of mask do you use? Nasal mask Full facemask Nasal pillows
- Are you having problems with your CPAP mask? _____
- Do you have significant morning dry mouth? _____
- Which company supplies your CPAP equipment? _____

How likely are you to doze off or fall asleep in the following situations?

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

SITUATION	CHANCE OF DOZING			
Sitting and reading	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Watching TV	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Sitting quietly in a public place (i.e. theatre or meeting)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
As a passenger in a car for an hour without a break	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Lying down to rest in the afternoon when able to	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Sitting and talking to someone	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Sitting quietly after a lunch without alcohol	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
In a car, while stopped for a few minutes	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>