

How Are You Sleeping?

Patient Name: _____

Date: _____

****Please answer all of the following questions with a 'yes' or 'no'***

1. ____ Do you have trouble getting to sleep?
2. ____ Do you have trouble staying asleep, awakening every few hours?
3. ____ Do you feel fatigued or groggy when you get up in the morning?
4. ____ Is it hard to wake up and get going in the morning?
5. ____ Are you sleeping during the day?
6. ____ Do you snore loudly that you're aware of?
7. ____ Are you substantially overweight?
8. ____ Has anyone witnessed you sleeping, and noticed that you regularly stop breathing for several seconds or longer?
9. ____ Do you wake up with a sore throat or a headache very often?
10. ____ Do your arms or legs make abrupt, jerky movements while you're in bed?
11. ____ Do you have uncomfortable, tingly, achy or "creepy-crawly" feelings in your legs when you lie down?
12. ____ Do you consume alcohol, especially with dinner or in the evening?

FOR WOMEN:

13. ____ Are you awakened by night sweats, or from being too hot?



Please return to Dr. Bethel in-office or by email at midwesthealthne@gmail.com