



## Sleep Habits and Symptoms

1. What is your typical bedtime, and what time do you usually awaken to start your day?

Bedtime

Awaken

Work days:

Work days:

Non-work days:

Non-work days:

3. Do you need more than a half hour to fall asleep? Y N

4. Do you take medication to help you sleep? Y N

Without medication, how long would it take to fall asleep? \_\_\_\_\_

5. How many times do you recall awakening during a typical night of sleep? \_\_\_\_\_

What awakens you? \_\_\_\_\_

6. How long might it usually take you to fall back to sleep if you awaken? \_\_\_\_\_

7. Do you need to use the restroom during the course of a typical night? Y N

8. Do you have any difficulty controlling your bladder or bowels during sleep? Y N

9. Do you require any assistance getting into or out of bed? Y N

10. Do you have a recent history of sleepwalking or other behaviors during sleep? Y N

11. Are you able to sleep in a normal bed? Y N

12. Do you need more than two pillows to prop yourself up in bed? Y N

13. Please list any special needs or requests that we should know about in order to make your stay more comfortable: