

**AROUND-THE-CLOCK HISTORY:**

Usual Bedtime:

What do you do before bedtime? *TV READ WORK OTHER:*

Is bedtime regular? *Yes No*

Shift Work? *Yes No*

Weekend and other changes from regular bedtime

How long after bedtime before sleep onset?

Number of awakenings and reasons for awakenings:

Usual duration of awakenings:

Clock-watching *Yes No*

TV and other in-bed habits *Yes No*

Physical discomfort that disturbs sleep *Yes No*

Do you have leg twitching jerking or achy feeling? *Yes No*

Is it worse at night and improves on movement or walking *Yes No*

Do you act out your dreams? *Yes No*

Sleep walking *Yes No*

Bruxism - Teeth Grinding *Yes No*

Nightmares *Yes No*

Wake-up time

How do you feel when you awaken? *Sleepy Groggy Fresh Other:*

Daytime naps: *Yes No*

**If yes, Frequency:**

Refreshing? *Yes No*

Describe what happens if unable to sleep (insomnia):

If insomnia is present, is it better in another room? *Yes No*

Another Place? *Yes No*

On vacation *Yes No*                      On weekend? *Yes No*

**EXCESSIVE SLEEPINESS IN DAYTIME:**

Do you feel sleepy during the day? *Yes No* If yes, When did it start?

Do you fall asleep during:            *TV Work Reading Driving*

Getting worse? *Yes No*

How severe is daytime sleepiness? *Mild Moderate Severe*

Feel knees buckle, arms weak, or jaws droop when mad happy or sad *Yes No*

Experience vivid dreams or unable to move upon awakening or falling asleep *Yes No*

**Medications:**

**Allergies:**

**\* \* \* \* \* STOP! \***

(Return paperwork to front desk.)