Patient's Name:_____ **Date:**_____

SLEEP – WAKE DISTURBANCES

Normal • What are your normal sleep patterns? • What time do you go to bed at night? How long does it take you to fall asleep? How long do you stay asleep? What time do you get up? Do you nap during the day?	
Onset • When did you become aware of a change in sleep patterns?	
Provoking / Palliating • Assess bedtime routines. Do you know what brings on sleeping problems? Makes it better? Worse? • Explore possible barriers to sleep(e.g. environmental factors, exercise patterns, napping, use of stimulants, ruminating about stressful events prior to sleep)	
Quality • What is your main sleep complaint? (e.g. too much sleep, trouble falling or staying asleep, non-restorative sleep and/or excessive sleepiness in the daytime)	
Severity / other Symptoms • How bothered are you by this symptom on a scale of 0 – 10? (0 = not at all and 10 = worst imaginable) • How often is sleep disturbed and for how long? • Have you had any other symptoms such as pain, fatigue, anxiety, worry, and/or depression? Do you have urinary issues that wake you? • Have you been told you snore frequently or stop breathing during sleep?	
Treatment • What sleeping strategies have you tried? Any medication? Has this been effective? • Have you used any sleep strategies in the past that have been effective?	
Understanding / Impact on You • How has your sleep disturbance impacted your normal daily activity? • Do you have trouble staying awake while driving, eating meals, working, or socializing? • What activities are you still able to participate in? • Do you live alone? If you live with others, how does this impact them? Have they noticed any unusual behaviors while you sleep (e.g. snoring, sleep walking, interrupted breathing , leg movements, or delirium?)	
Value • What is your comfort goal for this symptom (0 – 10 scale)? • Are there any other views or feelings about this that are important to you or your family? • What do you believe is causing your sleep-wake disturbances?	

Created: January, 2010 Revised: April 2019