

FxNA sleep assessment

SLEEP HISTORY

While “sleep troubles” are often lumped together as one singular symptom, the reasons leading to your inability to catch those nightly Zzzzs can be varied. Help us to target our recommendations to your unique needs by taking a moment to answer these key sleep questions and assessments.

1. Are you satisfied with your sleep?

No

2. Do you feel rested in the morning?

No

3. Do you stay awake all day without dozing?

Yes, but it seems to be harder in the afternoon than it used to be

4. Do you fall asleep in less than 30 minutes?

Yes, I'm exhausted!

5. Do you sleep between 6 and 8 hours per night?

Yes, but it's interrupted

6. Do you have a regular bedtime? (If so, when?)

Yes, 11pm

7. Do you have a regular awakening time? (If so, when?)

Yes, 6:30am (though I like to sleep-in on the weekends and sometimes sleep until 9:00 or so)

8. Do you wake in the middle of the night? (If so, is there a regular waking time and how long are you awake?)

Yes! This is new. Waking around 2am, using bathroom and then having difficulty falling back to sleep; finally falling asleep around 4:30 or 5:00am

9. Are you asleep (or trying to sleep) between 2:00 a.m. and 4:00 a.m.?

Waking up and then TRYING to sleep, but having more difficulties during this time



10. Do you currently have any practices that enhance the quality of your sleep?

I keep my room dark, remove most electronics from the room, and take CALM Magnesium (2 Tbspn) at bedtime

11. What have you tried (habits, supplements, etc.) to remedy sleep troubles in the past?

See above. Was working great for awhile (eliminated hot flashes!)

12. What (if any) electronics are in your room at nighttime?

My phone is in my room for an alarm clock and my husband insists on keeping the alarm clock, but we did agree to move the TV and computers out of the room

13. On a scale of 1-10, how dark is your bedroom?

9

14. Do you consume any stimulants during the day? If so, when?

I drink matcha green tea in the morning

15. Please identify how you would most generally categorize your sleep troubles:

MIND (racing, working, etc.), BODY (pain, discomfort, etc.), or SPIRIT (depression, anxiety, etc.).

MIND and SPIRIT (anxiety) during that waking time; I'm also experiencing hunger during that time (this is new!)

SLEEP SYMPTOMS SCALE

Rate how often you experience each of the following symptoms using the following frequency scale: 0 = never 1 = monthly 2 = weekly 3 = daily

0	1	2	3	
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Daytime sleepiness
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	No dream recall
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sleepwalking

0	1	2	3	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nightmares
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Snoring
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sleep apnea