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SLEEPING PROBLEMS: DOCTOR'S CHECKLIST

To help your doctor create a personalized summary of your sleep problems, please answer the questions below by circling the appropriate response.

Over the past month, how many cups of caffeinated coffee or other caffeinated beverages, did you drink on average per day?

0 - 1 2 - 3 4 - 5 6 or more

Over the past month, how many drinks containing alcohol did you typically have per week?

0 - 1 2 - 5 6 - 12 13 or more

In the past month, how many times, if any, did you take over-the-counter medication for sleep?

None Less than 6 6 - 14 15 - 20 20 or more

In a typical month, how many prescription & over-the-counter medications of any kind do you take on a daily basis (for any reason)?

None 0 - 1 2 - 3 4 - 5 6 or more

Over the past month, how would you rate the quality of your sleep?

Very good Fairly good Fairly poor Very poor

Over the past month, how sleepy do you feel during the daytime?

Not at all A little bit Quite a bit Constantly

You might also want to complete the sleep diary on the other side of this sheet before seeing your doctor. Generally we recommend completing the diary for 9 days so that your doctor can get a good idea of your routine, the problems you have, etc.

Sleep Solutions from Searle