

Sleep Intake Form for Initial Visit

Full Name: _____ DODID: _____

Age: _____ Sex: _____ Rank: _____ MOS: _____

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How long have you been suffering from sleep difficulties? _____

Do you have trouble falling asleep, staying asleep or both (please circle one)?

Approximately how much sleep on average do you get daily (add all sleep and naps): _____ hours

Approximately how much total time do you spend in bed (both asleep and awake time): _____ hours

How long does it take you (in minutes) to fall asleep after placing head on the pillow with intention to fall asleep?

_____ What is your average bed time? _____ Your desired length of sleep (hours): _____

How many times (if any) do you have sleep disruptions during the night? _____

What causes you to wake up in the middle of the night (if any): Circle all that apply: noise, need to use bathroom, no reason what-so-ever, racing heart, nightmares, sweating, other: _____

What is your average wakeup time on workdays? _____

What is your average wakeup time on the days when you don't have to work? _____

How many naps (if any) do you take and their duration in hours? _____

Do you have racing thoughts or other worrying thoughts when you hit the pillow? Yes No

Do you plan your next day affairs when you hit the pillow with intentions of falling asleep? Yes No

Circle any of the following symptoms that apply to you: restless/creepy-crawly feelings in legs relieved with movement; acting-out in your sleep; walked-around in your sleep; snoring; snorted/choking in sleep; easily falling asleep during the day; Charlie horse with intense pain in leg muscles; suddenly passing out and losing control of your body

How much caffeine or other stimulants do you use (approx cups or drinks) daily? _____

What time of the day do you exercise (if any)? _____

Prior sleep medications or other treatments? Circle any that apply: ambien, lunesta, trazodone, benadryl, atarax, melatonin, cough syrup, cognitive-behavioral therapy, other: _____

Current Medication (list any medications including supplements or over-the-counter medications):

Medication Allergies: _____

How satisfied are you with the DURATION of your sleep in the past 2 weeks: please CIRCLE one

NOT AT ALL SATISFIED (1) | SOMEWHAT SATISFIED | MODERATELY SATISFIED | HIGHLY SATISFIED | EXTREMELY SATISFIED (5)

How satisfied are you with the QUALITY of your sleep in the past 2 weeks: please CIRCLE one

NOT AT ALL SATISFIED (1) | SOMEWHAT SATISFIED | MODERATELY SATISFIED | HIGHLY SATISFIED | EXTREMELY SATISFIED (5)

Sleep Intake Form for Initial Visit

Several statements reflecting people's beliefs and attitudes about sleep are listed below. Please indicate (by circling the number) to what extent you personally agree or disagree with each statement. There is no right or wrong answer. For each statement, **circle a number that best reflects your personal experience**. Consider the whole scale, rather than only the extremes of the continuum.

1. I need 8 hours of sleep to feel refreshed and function well during the day.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
2. When I do not get proper amount of sleep on a given night, I need to catch up on the next day by napping or on the next night by sleeping longer.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
3. I am concerned that chronic insomnia may have serious consequences for my physical health.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
4. I am worried that I may lose control over my abilities to sleep.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
5. After a poor night's sleep, I know that it will interfere with my daily activities on the next day.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
6. In order to be alert and function well during the day, I am better off taking a sleeping pill rather than having a poor night's sleep.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
7. When I feel irritable, depressed, or anxious during the day, it is mostly because I did not sleep well the night before.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
8. When I sleep poorly on one night, I know that it will disturb my sleep schedule for the whole week.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
9. Without an adequate night's sleep, I can hardly function the next day.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
10. I can't ever predict whether I will have a good or poor night's sleep.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
11. I have little ability to manage the negative consequences of disturbed sleep.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
12. When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
13. I believe that insomnia is essentially a result of a chemical imbalance.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
14. I feel that insomnia is ruining my ability to enjoy life and prevents me from doing what I want.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
15. Medication is probably the only solution to sleeplessness.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				
16. I avoid or cancel obligations (social, family, occupational) after a poor night's sleep.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	Strongly Agree
0	1	2	3	4	5	6	7	8	9	10				

Do you have any thoughts of killing yourself? Yes No

The Patient Health Questionnaire-2 (PHQ-2)

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

Over the last 2 weeks, how often have you been bothered by the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3