

Follow-up Sleep Intake and Prescription

Full Name: _____ DODID: _____

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

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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

My current average daily wake-up time is: _____ O'Clock

My current EARLIEST bedtime is: _____ O'Clock

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)

How successful were you at following the sleep restrictions you were prescribed during your prior visit? *Circle one.*

0% successful | 30% successful | 50% successful | 80% successful | 100% successful

YOUR NEW SLEEP PRESCRIPTION

Your calculated sleep efficiency: (total sleep duration/time in bed X100) _____%

Your daily wake-up time for the next 7 days is: _____ O'Clock

Your EARLIEST bed-time for the next week is: _____ O'Clock

Decision Tree:

- Sleep Efficiency $\geq$ 85%: Add 30 min (Earliest bedtime is 30 min sooner but wakeup time stays the same)
- Sleep Efficiency $\leq$ 75%: Subtract 30 min (Earliest bedtime is 30 min later but wakeup time stays the same)
- Sleep Efficiency = 76%-84%: Keep the same schedule, follow-up in a week.

Sources: <https://www.holisticaremd.com/patient-education-resources/cbt-insomnia-sleep-prescription-calculator>

Please bring this form with you to any subsequent appointments.