Mindful Balance Psychiatry/SLEEP HEALTH ASSESSMENT

Please Present Assessment To Your Doctor During Your Visit

Name: _____ **Profession:** _____

*GENDER:*_____ *AGE:*_____ *HEIGHT:*_____ *W EIGHT:*_____ *NECK SIZE:*_____ *BMI:* *(Ph ysician Only)* _____
BMI > 3 0

PLEASE ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AS POSSIBLE

2 or more positive responses in this section should be discussed further with your physician

1	Do you snore?	☐ Yes	☐ No
2	Does your snore bother others?	☐ Yes	☐ No
3	Have you been told you stop breathing while sleeping?	☐ Yes	☐ No
4	Do you ever wake gasping or choking for air?	☐ Yes	☐ No
5	Do you have morning headaches?	☐ Yes	☐ No
6	Do you ever wake with a dry mouth in the mornings?	☐ Yes	☐ No
7	Do you often still feel tired when you wake up after a night's sleep?	☐ Yes	☐ No
8	Do you have high blood pressure? If yes, do you take two or more high blood pressure medications?	☐ Yes	☐ No
9	have you ever been diagnosed with type II diabetes?	☐ Yes	☐ No
10	Have you ever been diagnosed with fibromyalgia?	☐ Yes	☐ No
11	Have you ever been diagnosed with congestive heart failure or with atrial fibrillation?	☐ Yes	☐ No
12	Have you ever suffered a stroke?	☐ Yes	☐ No

One or more positive responses in the below section should be discussed further with your physician.

1	Do you experience a creepy, crawly, or uncomfortable feeling in your leg while sitting or laying down?	☐ Yes	☐ No
2	Does your bed partner complain about your kicking at night or do you wake with an unusual messy bed? (FROM THRASHING ABOUT)	☐ Yes	☐ No

Do you doze off or fall asleep easily during any of these following activities?

Positive responses in this section indicate your level of daytime sleepiness.

Reading	☐ Yes	☐ No
Driving	☐ Yes	☐ No
Watching TV	☐ Yes	☐ No
As a car passenger	☐ Yes	☐ No

During conversation	☐ Yes	☐ No
Taking on the phone	☐ Yes	☐ No
Working on the computer	☐ Yes	☐ No
Sitting in a public place	☐ Yes	☐ No

Are you currently taking a prescribed or an over-the-counter sleeping aid(s)? ☐ Yes ☐ No

If yes, how long have you been using them to aid in your sleep? _____

The sleep assessment was provided by Arete sleep health, experts in sleep this order diagnosis and treatment.
For more information & location go to our website.

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