MY SLEEP INVENTORY

These questions are provided for your journaling and setup statements.

Sleep schedule and habits:

What time do you usually go to bed on workdays and days off?
What time do you usually get out of bed on workdays and days off?
How many hours of sleep do you usually get on workdays and days off?

Sleep quality:

How often do you feel well-rested after waking up?
How would you rate your overall sleep quality?

Sleep onset:

How long does it usually take you to fall asleep?
What do you think about when trying to fall asleep?
Do you use any relaxation techniques or activities to help you fall asleep?

Nighttime awakenings:

How often do you wake up during the night?
How many times do you usually wake up each night?
How long does it take you to fall back asleep?

Daytime sleepiness:

How often do you become sleepy during the afternoon or evening?
How likely are you to doze off in various situations (e.g., watching TV, sitting and reading)?

Sleep-related behaviors:

Do you snore loudly?
Have you ever experienced a sense of weakness or paralysis when falling asleep or waking up?
Do you experience vivid, dream-like scenes when not fully asleep?

Impact of poor sleep:

How does a poor night's sleep affect you the next day (e.g., mood, concentration, memory, ability to work)?

Sleep environment:

How many other people sleep in the same room as you?
Do you sleep in unusual positions?

Sleep disorders symptoms:

Do your legs feel achy before falling asleep?
Do you have to move your legs about in bed or get out of bed to ease aching legs?

Sleep medication:

How often have you taken medicine to help you sleep in the past month?