

## **SLEEP EVALUATION**

**The following questions should be part of the case history for FM/CFS patients**

1. \_\_\_\_\_ Do you have trouble getting to sleep?
2. \_\_\_\_\_ Do you have trouble staying asleep, awaking every few hours?
3. \_\_\_\_\_ Do you feel fatigued or groggy when you get up in the morning?
4. \_\_\_\_\_ Is it hard to wake up and get going in the morning?
5. \_\_\_\_\_ Are you sleepy during the day?
6. \_\_\_\_\_ Do you snore loudly?
7. \_\_\_\_\_ Are you substantially overweight?
8. \_\_\_\_\_ Has anyone witnessed you sleeping, and noticed that you regularly stop breathing for several seconds or longer?
9. \_\_\_\_\_ Do you wake up with a sore throat or headache very often?

Questions 6-9 are for Sleep Apnea. Confirmation of this condition is done by observation while you are asleep, and by a study in a sleep lab. You can also videotape yourself sleeping. Specific treatment is available for Sleep Apnea.

10. \_\_\_\_\_ Do your arms or legs make abrupt, jerky movements when you're in bed? (This is called Periodic Limb Movement Disorder)
11. \_\_\_\_\_ Do you have uncomfortable, tingly, achy or creepy-crawly feelings in your legs when you lie down? (This is called Restless Leg Syndrome)

These two conditions are validated in the same way as Sleep Apnea. Specific treatments are available.

For women:

12. \_\_\_\_\_ Are you awaked by night sweats, or from being too hot?

This type of insomnia is easily alleviated by balancing female hormones with a phytoestrogen, natural estrogen or progesterone.

**For further information, fill out the SLEEP DIARY for several days.**

# SLEEP DIARY

Date: \_\_\_\_\_

## Complete after awakening:

Time you went to bed \_\_\_\_\_

Time you fell asleep \_\_\_\_\_

Time you woke up \_\_\_\_\_

Number of times awakened during the night \_\_\_\_\_

Amount of time awake during the night \_\_\_\_\_

Total Nighttime Sleep \_\_\_\_\_

Comments on quality of night's sleep \_\_\_\_\_

Did you feel groggy after getting up in the morning? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for how long? \_\_\_\_\_

## Complete at the end of the day:

### Naps:

Time fell asleep \_\_\_\_\_

Time awoke \_\_\_\_\_

Total Nap Time \_\_\_\_\_

Comments on quality of naps \_\_\_\_\_

## Using the Stanford Sleepiness Scale below, note your alertness during the day:

- |   |             |                |
|---|-------------|----------------|
| 1. A little foggy, not at peak, let down    | 6 AM _____  | 4 PM _____     |
| 2. Fogginess, losing interest, slowed down  | 8 AM _____  | 6 PM _____     |
| 3. Sleepiness, prefer to be lying down      | 10 AM _____ | 8 PM _____     |
| 4. Feeling active, vital alert, wide awake  | Noon _____  | 10 PM _____    |
| 5. Functioning at a high level, not at peak | 2 PM _____  | Midnight _____ |
| 6. Relaxed, not full alertness, responsive  |             |                |
| 7. Almost in a reverie, hard to stay awake  |             |                |

How was your overall sleepiness/alertness today (1-7)? \_\_\_\_\_

Other comments on mental and physical:

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