

Do you regularly....	Yes	No
Snore?		
Have trouble falling asleep?		
Awaken 2-3 (or more) times during the night?		
Have trouble getting up in the morning?		
Wake too early in the morning and then can't get back to sleep?		
Wake up in the morning with your bedsheets/covers all over the place?		
Go to bed and wake up at about the same time every day?		
Sweat excessively while sleeping?		
Work the overnight shift?		
Take naps during the daytime?		
Wake up feeling refreshed?		
Feel excessively drowsy or sleepy during the day?		

About how many hours of sleep do you get per night? 4 or less 5-6 7-8 9 or more

Time you typically go to bed: _____ Time you typically wake up: _____

Are you currently experiencing relationship violence or abuse? No Yes

Do you.....

Smoke? No Yes; If yes, specify how many cigarettes per day:

2 or more packs per day 1 pack per day < one pack a day

only smoke socially

Drink caffeinated beverages? No Yes; If yes, specify how many (e.g., cups of coffee, sodas) per day:

1-2 3-5 6-8 9 or more

Drink alcohol? No Yes; If yes, how often?

3 or more times per week 1-2 times per week

< once a week infrequently/on special occasions

Use illegal/street drugs? No Yes; If yes, specify: _____