Assessment Checklist for Sleep in Primary Care

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Questions:

What is your nighttime routine like?

Do you have a hard time getting to sleep/staying asleep/waking up?

Do you find yourself thinking about the same thing or different things every night?

Do you ever feel rested when you wake up? Are you tired during the day?

How long have you had these sleep issues? How did it start?

*Any possible biological causes? Thyroid? Anemia? Medications for other conditions?

Sleep Hygiene Checklist

- ❑ Consistent wake time
- ❑ Going to bed when tired
- ❑ Bedtime rituals
- ❑ Limited screen time
- ❑ Shower/bath before bed (1.5-2 hrs)
- ❑ Get out of bed after 20 minutes
- ❑ No clock watching
- ❑ Stimulus control (bed only for sleep and sex)
- ❑ Cool bedroom
- ❑ Dark bedroom
- ❑ Daytime napping
- ❑ Exercise
- ❑ Nutrition/meal timing
- ❑ Sleep medications (Rx/OTC)
- ❑ Caffeine use
- ❑ Nicotine use
- ❑ Alcohol use
- ❑ Cannabis use
- ❑ Other drug use: _____

Sleep schedule

Wind down time	AM/PM	Number of times awake at night	x____
Time in bed	Mins	Time awake at night	Mins
Lights out	AM/PM	Time awake	AM/PM
Sleep onset latency	Mins	Before alarm?	Mins
		Time out of bed	AM/PM

STOPBANG (for Obstructive Sleep Apnea)

- ❑ Snoring loudly
- ❑ Tired during the day
- ❑ Observed stopping breathing or choking/gasping
- ❑ Pressure: high blood pressure
- ❑ BMI over 35kg/m^2
- ❑ Age older than 50
- ❑ Neck size large (Male: shirt collar $\geq$17 inches/43cm? Female: shirt collar $\geq$ 16 inches/41cm)
- ❑ Gender: Male

Other Considerations

- ❑ Familiar environment (Shelter/hotel?)
- ❑ Trauma/safety
- ❑ Partner/children/pets in room