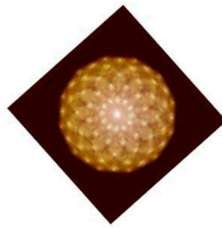

INTUITIVE HYPNOSIS

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Sleep Habits

Name ______________________________ Date ______________________

1. How long ago did your poor sleep pattern start? ______________________

   What else was going on at about that same time? (had a baby, was in college, had an accident/injury, etc.)

   ____

2. Have you participated in a sleep study? ☐ Yes ☐ No

   If yes, how long ago? ______________________

3. Do you use a CPAP machine? ☐ Yes ☐ No

   If yes, how long have you been using it? ______________________

4. Do you take medication for sleep? ☐ Yes ☐ No

   If yes, what kind, for how long, and does it help? ______________________

   ____

5. Do you have trouble getting to sleep? ☐ Yes ☐ No

   Do you have trouble staying asleep? ☐ Yes ☐ No

   Do you have trouble with both? ☐ Yes ☐ No

6. If you wake up in the middle of the night, what do you do while you're awake?

   ____

   ____

7. Do you use an alarm clock to wake up in the morning? ☐ Yes ☐ No

   How many times do you hit the snooze button? ______________________

8. Sleep Hygiene

Question			
Is your bed big enough for you and your partner?	☐ Yes	☐ No	☐ N/A
Is your bed comfortable enough?	☐ Yes	☐ No	
Are there any animals in bed with you at night?	☐ Yes	☐ No	
Are there any offensive odors present in your sleep environment?	☐ Yes	☐ No	
• If yes, please describe.			
Is your bedroom dark enough?	☐ Yes	☐ No	
• If not, are you willing to use a sleep mask?	☐ Yes	☐ No	
Is your bedroom quiet enough?	☐ Yes	☐ No	
• If not, are you willing to use ear plugs or a white noise machine?	☐ Yes	☐ No	
Is the temperature in your bedroom comfortable for you?	☐ Yes	☐ No	
• If not, what can you do to adjust it?			
Are you watching TV right before bedtime or in bed at bedtime?	☐ Yes	☐ No	
• If yes, what are you watching?			
Are you reading right at bedtime or in bed at bedtime?	☐ Yes	☐ No	
• If yes, what are you reading?			
Do you eat between dinner and bedtime?	☐ Yes	☐ No	
• If yes, what are you eating?			
Is the clock in your bedroom visible while you are in bed?	☐ Yes	☐ No	

9. How many hours of sleep would you like to get each night? ______________________________

10. Do you want to keep the same sleep routine on work days and non-work days?

☐ Yes ☐ No

11. What is your ideal time to be in bed? _______________ To be asleep? _________________

12. What is your ideal time to wake up in the morning? ____________________________________

13. Are you a morning person or a night person? ☐ Morning ☐ Night

14. Does your partner have a similar schedule regarding the ideal time to be asleep and wake up?

☐ Yes ☐ No ☐ N/A

15. What else can you tell me about your current sleep pattern? ______________________________

____

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