

SLEEP ASSESSMENT

Sleep is an integral part of wellness and healing. Disturbances to your sleep cycle may lower your immune system and affect your ability to be compassionate and patient, along with impacting your health and sense of well-being.

| | I do this | I sometimes do this | I never do this | Has this changed recently? |
|---|-----------------------|-----------------------|-----------------------|----------------------------|
| Go to bed at the same time each evening | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Feel rested in the morning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Finish my evening meal by 6:30pm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Reduce or eliminate caffeine/stimulants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Go to bed by 10pm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Use an evening ritual or quiet time to relax | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Avoid 'screens' for 1 hour before bedtime | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Need medication to get a good night's sleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Have trouble falling asleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Sleep without artificial light | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Wake up at night and cannot get back to sleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Get daylight exposure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |
| Other _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | YES / NO |