

Sleep Quality Index

6 May, 2007

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Functional Medicine

Functional Healthcare involves looking at the body's systems that create change in your metabolism as interlinked and complex, instead of merely identifying one part of your metabolism as elevated or depressed. In Functional Healthcare, factors that change metabolism, altering your body's response, will be evaluated first. This means that we do an evaluation of the complex interactions of organ function; creation, transport and absorption of hormones; detoxification; digestion and gut function; sugar metabolism; and your body's ability to sleep.

The following form will assist us in identifying the vicious cycles that feed each other causing your current health condition. We can then provide support, counseling and a treatment program to unlock these vicious cycles, enabling you to regain a health you may have not thought possible.

Sleep Quality Index

- Tells us what your sleep habits are.
- Tells us what your body is doing.
- Tells us what you are not aware of.



Please complete all pages and send all the pages to us for your personalized evaluation.

Fax: 636.779.1456 or email dhaikal@wellnessalternatives-stl.com

Comments:

Contact Information

Name

Address

Email:

Phone

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Thank You

Name: _____ Age: _____ Date: _____

Instructions:

The following questions relate to your usual sleep habits during the past month only. Your answer should indicate the most accurate reply for the majority of days and nights in the past month.

Please answer all questions.

1. During the past month, when have you usually gone to bed at night?

Usual Bed Time: _____

2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

Number of Minutes: _____

3. During the past month, when have you usually gotten up in the morning?

Usual Getting Up Time (weekdays) _____

4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the numbers of hours you spend in bed.)

Hours of Sleep Per Night: _____

5. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

- No problem at all _____
- Only a very slight problem _____
- Somewhat of a problem _____
- A very big problem _____

6. Do you have a bed partner or roommate?

- No bed partner or roommate _____
- Partner/roommate in other room _____
- Partner is same room, but not same bed _____
- Partner in same bed _____

7. During the past month, how would you rate your sleep quality overall?

- Very Good _____
- Fairly Good _____
- Fairly Bad _____
- Very Bad _____

For each of the remaining questions, check the one best response. Please answer all questions.

8. During the past month, how often have you had trouble sleeping because you ...	Not during the past month (0)	Less than once a week (1)	Once or twice a week (2)	Three or more times a week (3)
a. Cannot get to sleep within 30 minutes				
b. Wake up in the middle of the night or early morning				
c. Have to get up to use the bathroom				
d. Cannot breathe comfortably				
e. Cough or snore loudly				
f. Feel too cold				
g. Feel too hot				
h. Had bad dreams				
i. Have pain				
j. Other reason(s), Please describe: _____ _____				
9. During the past month, how often have you taken medicine (prescribed, "over the counter" or herbal) to help you sleep?				
10. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				
11. If you have a roommate or bed partner, ask him/her how often in the past month you have had ...				
a. Loud snoring				
b. Long pauses between breaths while asleep				
c. Legs twitching or jerking while asleep				
d. Episodes of disorientation or confusion during sleep				
e. Other restlessness while you sleep; Please describe: _____ _____				