

# Back In Action Chiropractic

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## Sleep Evaluation

NAME \_\_\_\_\_ DATE \_\_\_\_\_

1. \_\_\_ Do you have trouble getting to sleep?
2. \_\_\_ Do you have trouble staying asleep?
3. \_\_\_ Do you feel fatigued or groggy when you get up in the morning?
4. \_\_\_ Are you sleepy during the day?
5. \_\_\_ Is it hard to wake up and get going in the morning?
6. \_\_\_ Do you snore loudly?
7. \_\_\_ Are you substantially overweight?
8. \_\_\_ Has anyone witnessed you sleeping, and noticed that you regularly stop breathing for several seconds or longer?
9. \_\_\_ Do you wake up with a sore throat or headache very often?
10. \_\_\_ Do you arms and legs make abrupt, jerky movements while you are asleep?
11. \_\_\_ Do you have uncomfortable, tingly, achy, or creepy-crawly feelings in your legs when you lie down? (This is called Restless Leg Syndrome.)
12. \_\_\_ Are you awakened by night sweats, or from being too hot?

These two conditions are validated in the same way as Sleep Apnea. Specific Treatments are available.

For Women:

This type of insomnia is easily alleviated by balancing female hormones with a phytoestrogen, natural estrogen, or progesterone.

Questions 6-9 are for Sleep Apnea. Confirmation of the condition is done by observation while you are asleep, and by a study in a sleep lab. You can also videotape yourself while sleeping. Specific treatment is available for Sleep Apnea.

Filling out a sleep diary for several days may also be useful.