

# Back In Action Chiropractic

20416 Bowfonds St, Ashburn, VA 20147

Office: 703-858-3575

Fax: 703-858-3876

Cell: 703-673-6333

<http://www.back-n-action.com/>

## Sleep Evaluation

NAME \_\_\_\_\_

1. Do you have trouble sleeping? Got insomnia? Cannot sleep at night?
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?

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.

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

For Women:

12. Are you awakened by night sweats, or from being too hot?

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

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