

# Sleep Assessment Worksheet

.....  
NAME

.....  
DATE

## Good sleep helps us look, feel, function, and recover better.

This questionnaire explores both the quality and the quantity of your sleep and sleep behaviors. It can also help you track progress in this area. Not everyone can get all the sleep they need and want, but this worksheet can help you and your coach at least move towards improving your regular sleep practices.

## Sleep duration, quality, and effects

Check the box that applies best to you for each item.

### I have trouble falling asleep.

- Never       Rarely       Occasionally       Most nights / days       Always

### I have trouble staying asleep.

- Never       Rarely       Occasionally       Most nights / days       Always

### I take something to help myself sleep (e.g. herbal supplements, OTC drugs, prescription drugs, alcohol, etc.).

- Never       Rarely       Occasionally       Most nights / days       Always

### If so, what?

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### I have a medical condition that disrupts my sleep.

- Never       Rarely       Occasionally       Most nights / days       Always

### I try to “catch up on sleep” on weekends or other times.

- Never       Rarely       Occasionally       Most nights / days       Always

### I do shift work or otherwise have an irregular sleeping schedule.

- Never       Rarely       Occasionally       Most nights / days       Always

### I worry about not getting enough sleep.

- Never       Rarely       Occasionally       Most nights / days       Always

**I wake up early in my normal sleep cycle (e.g. 2-3 AM for a regular night-time sleeper).**

- Never       Rarely       Occasionally       Most nights / days       Always

**If I wake up during my normal sleep cycle, I have trouble going back to sleep.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I find it hard to wake up or get going after I wake up.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I wake up with an alarm.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I hit snooze on the alarm once or more.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I depend on caffeine or other stimulants to stay awake and alert.**

- Never       Rarely       Occasionally       Most nights / days       Always

**My sleep is disturbed by factors outside my control (e.g. outside noise, children, etc.)**

- Never       Rarely       Occasionally       Most nights / days       Always

**I seem to sleep OK, but wake up not feeling refreshed.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I feel fatigued or have low energy when I'm awake.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I don't recover well from stress or physical demands.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I feel moody, cranky, "down in the dumps", and/or "blah".**

- Never       Rarely       Occasionally       Most nights / days       Always

**I struggle to concentrate, learn, and/or remember things.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I normally sleep:**

- Fewer than 4 hours / night       6-7 hours / night       9+ hours / night  
 4-5 hours / night       7-8 hours / night  
 5-6 hours / night       8-9 hours / night

**Left to my own devices, without having to accommodate someone else's schedule, I'd consider myself:**

- An early bird.       A night owl.       A mix, depending on what I want to

## Sleep practices

Check the box that applies best to you for each item.

**I take naps.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I have a scheduled bedtime, or I plan my bedtime in advance.**

- Never       Rarely       Occasionally       Most nights / days       Always

**At least 30 minutes before bed, I purposely start winding down and preparing for sleep.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I practice meditation or other forms of purposeful relaxation.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I dim the lights or have darkness when it's night time (or time to sleep).**

- Never       Rarely       Occasionally       Most nights / days       Always

**I get bright light when I am supposed to be awake and alert (e.g. by going outside during the day or having a light box).**

- Never       Rarely       Occasionally       Most nights / days       Always

**I exercise for at least 20 minutes per day.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I eat lightly, or not at all, within 1-2 hours of bedtime.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I have a comfortable, calming sleep environment.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I don't check work email or do other work-related activities within 1-2 hours of bedtime.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I don't engage in stimulating, energizing, or upsetting activities (e.g. intense workouts, first-person shooter games, etc.) within 1-2 hours of bedtime.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I shut down all electronics\* 30 minutes before bed (e.g. phone, TV, video games, etc.).**

**\*Optional: If I use a screen reader (e.g. a Kindle) to read before bed, I dim the screen brightness.**

- Never       Rarely       Occasionally       Most nights / days       Always

**I do something else to purposely prepare for sleep / bedtime:**

- Never       Rarely       Occasionally       Most nights / days       Always

**What do you do?**

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