SLEEP EXAM:

How do you sleep?

Patient Name: _____ **Date**_____

Pillow

1. How old is your pillow? Months 1-5, 6-12, 1 year, 2 year, 3 years, 4 years, 5 years or ?____
2. How do you like your pillow? Thickness of pillow is: Thin Medium Thick
3. What kind of pillow do you have? Water, Memory foam, Feather, Air, Foam, other_____
4. What brand of pillow do you own? _____
5. Do you like your pillow? Yes____ No____ Sometimes ____
6. Do you wake up with: Headaches____ Neck pain/stiffness____ Mid back pain____ Low back pain____

Bed

7. What type of bed Brand do you own? _____
8. How old is your bed? _____
9. What is the size of your bed? King Queen Full Twin
   -Memory Foam? Yes or No
   -Pillow top? Yes or No What is the thickness of the Pillow top in inches? 2-3, 3-4, 4-5, 5-6
   -Is it an Air Bed? Yes or No What is your sleep no # _____
10. Do you rotate your bed? Yes ____ No ____
11. Can the bed be flipped? Yes ____ No____ Do you flip your bed? Yes ____ No ____
12. Does your bed sag or indent? _____
13. Do you have an Animal ____ or child ____ in your bed, both____
14. Do you have a partner that sleeps with you? Yes____ NO____
15. Do you face your partner____ or face away____ Are you next another____ or away____
16. How many hours/per night do you sleep? 3-4, 4-5, 5-6, 6-7 , 7-8, 8-9, 10 or more
17. Do you sweat in your sleep? Yes___ No___ Sometimes ___
    - If so do you throw off the covers? _____
18. **Females:** Are you going through Menopause? _____
19. What position do you feel you sleep in most thru the night? Back____ Side____ Both ____ Stomach____
20. Do you stay in the same position all night? Yes____ No____
21. Which side do you sleep or lay on more? Right side ____ Left side ____
22. Do you have a fan on____ air conditioner on____ or a window open____ in your bedroom? _____
23. Do you have a CPAP machine____ do you have sleep apnea ____ do you snore ____
24. Do you use a sleep monitor to monitor your sleep patterns (example fit bit) Yes____ No____
25. What side of bed do you sleep on? left___ Middle___ Right___ (see diagram below)

Diagram:

Additional Questions:

Mark on the diagram what side/part of the bed you lay on: