

**SLEEP**

Self Assessment

These questions are designed for you to reflect and identify possible concerns related to sleep. Answering these questions can help prompt conversations with your primary care provider or other health services about problems that may be concerning you. You can take this checklist with you to your next appointment as a reminder of what you would like to discuss.

Tick all that apply:

I have difficulty falling asleep

I often wake up during the night and have trouble getting back to sleep.

I often experience restless or disturbed sleep.

I struggle to fall asleep when I get into bed

My sleep problems have been affecting my daily life and activities

I often fall asleep during the day

I am regularly very tired

I take medication to help me sleep regularly

