

INSOMNIA QUESTIONNAIRE

KINGSTON INTEGRATED HEALTHCARE INC.

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Sleep is *critical* for disease prevention and healing. Up to 40% of Canadians have insomnia symptoms and up to 13% qualify as having a sleep disorder. Generally speaking, if you're distressed by poor sleep at least 3 nights a week for a minimum of 3 months, you qualify as having insomnia disorder.



Sleep medications do *not* restore ideal sleep cycles and full healing capacity. Insomnia is a complicated condition, at times involving all the hormones and neurotransmitters, nervous system, circulatory system, and immune system. This questionnaire is designed to help us better identify and treat the *underlying* cause of your insomnia so that healthful sleep can be restored.

| Type 1: Sleep Onset Insomnia | Total: _____ | | | | |
|---|--------------|---|---|---|---|
| My mind races or I feel wired so that I have trouble falling asleep by 11pm | 1 | 2 | 3 | 4 | 5 |
| I feel <i>more</i> tired after exercise and/or get very little exercise each week | 1 | 2 | 3 | 4 | 5 |
| It takes me at least an hour to get going in the morning | 1 | 2 | 3 | 4 | 5 |
| My occupation or lifestyle involve shift-work | 1 | 2 | 3 | 4 | 5 |
| I watch television or use the computer most nights before bed | 1 | 2 | 3 | 4 | 5 |
| My feet are always cold before going to bed | 1 | 2 | 3 | 4 | 5 |
| I often enjoy coffee, black tea, or cigarettes after 11am | 1 | 2 | 3 | 4 | 5 |

| Type 2: Waking up between 1am and 3am | Total: _____ | | | | |
|--|--------------|---|---|---|---|
| I usually sleep well until suddenly waking between 1am and 3am | 1 | 2 | 3 | 4 | 5 |
| I wake up feeling hungry or anxious, or with my heart racing | 1 | 2 | 3 | 4 | 5 |
| I have pre-diabetes, diabetes, or experience <i>low</i> blood sugar episodes | 1 | 2 | 3 | 4 | 5 |
| I sometimes have discomfort in the upper right quadrant of my | 1 | 2 | 3 | 4 | 5 |
| I often want to nap between 1pm and 3pm in the afternoon | 1 | 2 | 3 | 4 | 5 |
| I often enjoy a little bit of alcohol or sweet treat within an hour before bed | 1 | 2 | 3 | 4 | 5 |
| I avoid eating any food at least 3 hours before bed | 1 | 2 | 3 | 4 | 5 |

| Type 2: Waking up between 3am and 5am | Total: _____ | | | | |
|--|--------------|---|---|---|---|
| I usually sleep well until suddenly waking between 3am and 5am | 1 | 2 | 3 | 4 | 5 |
| I am a peri-menopausal or menopausal woman | 1 | 2 | 3 | 4 | 5 |
| My menstrual cycles are often <i>less than 27 days</i> or <i>more than 29 days</i> | 1 | 2 | 3 | 4 | 5 |
| I frequently experience low back pain or knee pain | 1 | 2 | 3 | 4 | 5 |

| Type 3: Frequent waking or irregular pattern | Total: _____ | | | | |
|---|--------------|---|---|---|---|
| I wake up multiple times in the night without an obvious time pattern, whether because of pain or frequent urination, for example | 1 | 2 | 3 | 4 | 5 |
| I consider myself to be a light sleeper – most sounds in the house wake me up | 1 | 2 | 3 | 4 | 5 |
| I snore regularly or have sleep apnea | 1 | 2 | 3 | 4 | 5 |
| I sleep with my cell phone or alarm clock close to the bed | 1 | 2 | 3 | 4 | 5 |
| My mattress is more than 8 years old | 1 | 2 | 3 | 4 | 5 |
| I have low thyroid function, acid reflux, depression, or anxiety disorder | 1 | 2 | 3 | 4 | 5 |
| In the morning, I need to cough and clear my throat of mucous | 1 | 2 | 3 | 4 | 5 |

| Type 4: Nutrient Deficiencies and Drug Side-Effects | Total: _____ | | | | |
|---|--------------|---|---|---|---|
| My legs feel restless in the evening and I <i>must</i> move them for relief | 1 | 2 | 3 | 4 | 5 |
| My body jolts awake just as I'm about to fall asleep | 1 | 2 | 3 | 4 | 5 |
| My muscles feel tight and stiff in the morning | 1 | 2 | 3 | 4 | 5 |
| I'm prone to regular nose bleeds or frequent colds and flus | 1 | 2 | 3 | 4 | 5 |
| I drink fewer than 8 glasses of filtered water or herbal teas daily | 1 | 2 | 3 | 4 | 5 |
| I experience sudden foot or calf cramps in the night or early morning | 1 | 2 | 3 | 4 | 5 |
| I regularly take a statin drug (e.g. Lipitor, Crestor), corticosteroids, blood pressure medication, pain medication | 1 | 2 | 3 | 4 | 5 |

Please list details about **pharmaceuticals or supplements** you've taken that have benefited or aggravated your sleep: _____

Please list details about **habits or foods** that benefit or aggravate your sleep:

