Sleep

by Neuro-Q

Patient name: _____ Age: _____

Are you? O Male O Female O Unspecified State: _____

Have you taken supplements in the past? O Yes O No

① How long (in minutes) has it taken you to fall asleep each night?

O < 15 O 15-30

O 30-60 O 60

② During the past month, how often have you had trouble sleeping because you cannot fall asleep within 30 minutes?

O Not during the past month

O Less than once a week

O Once or twice a week

O Three or more times a week

③ During the past month, how often have you had trouble sleeping because you wake up in the middle of the night or early in the morning?

O Not during the past month

O Less than once a week

O Once or twice a week

O Three or more times a week

④ During the past month, how often have you had trouble sleeping because you feel too hot?

O Not during the past month

O Less than once a week

O Once or twice a week

O Three or more times a week

⑤ During the past month, how often have you had trouble sleeping because you have pain?

O Not during the past month

O Less than once a week

O Once or twice a week

O Three or more times a week

⑥ During the past month, how often have you had trouble sleeping because of other reasons?

O Not during the past month

O Less than once a week

O Once or twice a week

O Three or more times a week

⑦ During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

O Not during the past month

O Less than once a week

O Once or twice a week

O Three or more times a week

⑧ During the past month, how often has it been difficult for you to keep up enthusiasm to get things done?

O Not during the past month

O Less than once a week

O Once or twice a week

O Three or more times a week

⑨ During the past month, how would you rate your overall sleep quality?

O Very good

O Fairly good

O Fairly bad

O Very bad

Continue on backside >

Sleep continued...

10. Do you follow any of the following special diets?

O None O Paleo O Pescatarian
O Vegan O Vegetarian O Ketogenic
O Other

11. On average, how many servings of fresh fruit and vegetables do you eat in a day?

O 0-2 O 3-5 O 6+

12. How many servings of fish (rich in omega-3 fatty acids) in a week? (e.g. salmon, tuna, sardines)

O 0-1 O 2-3 O 3+

13. On average, how many servings of high fiber food do you eat in a day? (e.g. whole grains, green vegetables, seeds, beans)

O 0-1 O 2-3 O 3+

14. On average, how many servings of protein do you eat in a day?

O 0-1 O 2-3 O 3+

15. On average, how many servings of calcium-rich food do you eat in a day? (e.g. dairy products, beans, green vegetables)

O 0-2 O 3-4 O 4+

16. How would you describe your activity/fitness level?

O I am not very active and/or do not work out
O I am somewhat active and/or work out rarely
O I am fairly active and/or work out occasionally
O I am very active and/or work out almost daily

17. On average, how many alcoholic drinks do you consume on a weekly basis?

O 0 O 1-3 O 3-6 O 6+

18. Please select any food allergies/sensitivities among the following.

O Wheat O Milk O Eggs O Fish
O Shellfish O Soy O Gluten O Peanuts
O Tree nuts (e.g. almonds, walnuts, pecans)

19. When it comes to vitamins and supplements, how would you describe yourself?

O Informed O Curious O Skeptical

20. When it comes to swallowing tablets and capsules, you are…

O Able and willing to take tablets or capsules
O Able, but would prefer a non-capsule delivery if available
O Not able to swallow tablets or capsules

VALIDATED QUESTIONS CUSTOM REPORTS

Return this form to your healthcare provider to generate and review your custom report.