

FOR YOUR PATIENTS

SLEEP IS ESSENTIAL.

A good night's sleep is as important to your health as diet and exercise. So if you're having trouble sleeping, it's important to talk to your doctor. Your sleeplessness could be what's called insomnia.

Insomnia isn't what you think! When some people hear the word "insomnia," they think it means getting no sleep at all. Well, that's not the case. Some people with insomnia may sleep every night, but only for 4-6 hours, while others may sleep fine half the week but struggle the remaining nights.

One thing people with insomnia have in common is that their sleeplessness has a negative impact on their ability to function during the day. Some of the most common daytime symptoms of insomnia include: • **Fatigue** • **Difficulty concentrating** • **Irritability**

If you've experienced any of these symptoms and think you may have insomnia, talk to your doctor, and bring the completed Sleep Diary (found on the reverse side of this sheet) to your next visit. Together you and your doctor can determine if your sleeplessness is, in fact, insomnia.

Unfortunately, most people who experience insomnia never bother to tell their doctors. In telephone surveys, approximately one-third of Americans reported occasional insomnia symptoms in the past year, and some suffer for years and years. And more than half suffer in silence.

Many believe that sleeplessness is just a phase that will pass. But what they don't know is that chronic insomnia rarely goes away by itself.

HOW TO CAPTURE A RESTFUL NIGHT'S SLEEP.

Talking to your doctor is the first step to getting the zzz's you need. Once you are properly diagnosed, there are many treatment options to explore. First, you should try to practice good sleep hygiene. Here are 3 simple lifestyle changes that may help you get on track:

1. Create a routine.

- Go to bed at the same time each night during the week and on weekends
- Try to wake up at the same time during the week and on weekends

2. Turn your bedroom into a sleep sanctuary.

- Make it quiet, dark, cool and comfortable
- Never use your bed for anything but sleep and intimacy

3. Live healthy days.

Enjoy happy nights.

- Eat a balanced diet
- Don't eat too close to bedtime
- Try not to smoke or drink alcohol at night
- Don't drink too much of anything before bed
- Avoid caffeine within 6 hours of bedtime
- Try exercising in the morning or afternoon hours (at least 4 hours before bedtime)
- Keep a Sleep Diary to help uncover the cause of your sleep problem and possible solutions

Sleep problems vary from person to person. So don't be discouraged if these lifestyle changes aren't giving you the sleep success you expected.

SLEEP DIARY CARD

	How long did it take you to fall asleep?	How many times did you wake up during the night?	How many hours were you awake last night?	Overall, how many hours did you sleep?	Did you wake up earlier than you wanted to?	On a scale of 1 to 5, how did you feel when you woke up?	Did you take any naps today?	Did you do any of the following?	On a scale of 1 to 5, how did you feel the following day?
Day 1					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - Tired <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consume Caffeine <input type="checkbox"/> Drink Alcohol <input type="checkbox"/> Exercise	<input type="checkbox"/> 1 - Sluggish <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic
Day 2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - Tired <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consume Caffeine <input type="checkbox"/> Drink Alcohol <input type="checkbox"/> Exercise	<input type="checkbox"/> 1 - Sluggish <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic
Day 3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - Tired <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consume Caffeine <input type="checkbox"/> Drink Alcohol <input type="checkbox"/> Exercise	<input type="checkbox"/> 1 - Sluggish <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic
Day 4					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - Tired <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consume Caffeine <input type="checkbox"/> Drink Alcohol <input type="checkbox"/> Exercise	<input type="checkbox"/> 1 - Sluggish <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic
Day 5					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - Tired <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consume Caffeine <input type="checkbox"/> Drink Alcohol <input type="checkbox"/> Exercise	<input type="checkbox"/> 1 - Sluggish <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic
Day 6					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - Tired <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consume Caffeine <input type="checkbox"/> Drink Alcohol <input type="checkbox"/> Exercise	<input type="checkbox"/> 1 - Sluggish <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic
Day 7					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - Tired <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Consume Caffeine <input type="checkbox"/> Drink Alcohol <input type="checkbox"/> Exercise	<input type="checkbox"/> 1 - Sluggish <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic