

JUVENESCENCE



ARE YOU GETTING ENOUGH SLEEP?

Please circle the appropriate answer. A “Yes” answer must apply more than one night per week.

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| 1. Does it take you longer than 15 minutes to fall asleep at night? | Yes | No |
| 2. Do you have difficulty waking up in the morning? | Yes | No |
| 3. Do you sleep less than 8-9 hours a night? | Yes | No |
| 4. Do you wake up once or more times during the night? | Yes | No |
| 5. Do you sleep in a room with any light or noise? | Yes | No |
| 6. Do you wake up feeling tired? | Yes | No |
| 7. Do you wake up only with an alarm? | Yes | No |
| 8. Do you go to bed later than 10:30 pm? | Yes | No |
| 9. Do you get up earlier than 6 am? | Yes | No |
| 10. Do you use medications (OTC or RX) for sleep? | Yes | No |

If you answered yes to 2 or more of these questions than you will need to address your sleep issues to get or stay healthy.