

Sleep Coaching Screener

Use this quick survey to determine whether the client might benefit from sleep coaching.

In the last two weeks...

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| 1. I had more than one night where my sleep was restless. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I had more than one night where I was not satisfied with my sleep. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I had more than one night where my sleep was not refreshing. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I had more than one night where I had difficulty falling asleep. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. I had more than one night where I had trouble staying asleep. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. I had more than one night where I had trouble sleeping. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. I had more than one 24-hr period where I slept more than 10 hrs. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. I had more than one day where I felt groggy all or most of the day. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. I had more than one night where I did not get enough sleep, despite my best efforts. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. I had more than one night where my sleep quality felt not very good. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Scoring:

For each question that the client answered yes to, assign one point.

Point total: _____

If the client scored...

- **1-2 points:** Further assessment needed as to whether sleep problems are negatively affecting the client's life. They may benefit from sleep treatment.
- **3-6 points:** Sleep disturbances are present. Client would benefit from sleep treatment.
- **7-10 points:** The client is experiencing significant sleep disturbances and sleep treatment should be prioritized.