Napa Valley College
NURS 141

Sleep Assessment

Directions: Complete the following assessment on a peer

1. Bedtime Routine:
   a. When do you go to bed?
   b. How long does it take to fall asleep?
   c. Is there a clock you can see?
   d. Are there children?
   e. Is the bed comfortable?
   f. Is there a bed partner? How does he/she sleep?
   g. Do you have a bedtime ritual? Describe.
   h. Do you sleep in a bed______chair______other?

2. Night
   a. How often do you wake up during the night?
   b. What are the time(s)?
   c. Is there an apparent cause (urge to urinate, pain, noise)?

3. Morning
   a. How hard is it to get up in the morning?
   b. Do you use an alarm clock?
   c. Do you feel groggy or do you bounce out of bed?

4. Day
   a. When do you get up?
   b. How do you feel?
   c. Is there any daytime sleepiness?
   d. Presence of anxiety?
   e. Depression?

5. Current Life Events
   a. Is there cause for anxiety or stress? Describe.
   b. Are there any recent changes (in job, family)?

6. Complaints
   a. What is the complaint and its duration?
   b. Did it begin suddenly or slowly?
   c. Has the problem changed?
   d. What are your bed partner’s comments?

7. Observations that make you think there might be a problem (dark eyes, puffy eyes, yawning, inattentive).

8. Sleep load – 5 days.

9. Medications/Health Problems
   a. If you take medication, what is it and when do you take it?
   b. Are there currently any health problems? Describe.

10. Write nursing diagnoses if appropriate.