# Lifestyle Assessment: Sleep for Blood Sugar Balancing Scorecard 

## Sleep Assessment

| Name |  |  |  |
| :---: | :---: | :---: | :---: |
| Based upon your health profile for the past 30 days, please select the appropriate number, from '0$3^{\prime}$ on all questions ( 0 as least/never/no and 3 as most/always/yes). Check the number you feel best applies, then add the number of checks in each column to create your score. |  |  |  |
| Sleep Questions | 0 1 | 2 | 3 |
| How many hours of sleep do you get each night? Recommended: At least 7-8 hours of sleep each night. $\begin{aligned} & 0=\text { Less than } 5 \text { hours } \\ & 1=5-6 \text { hours } \\ & 2=7-8 \text { hours } \\ & 3=\text { Over } 8 \text { hours } \end{aligned}$ |  |  |  |
| What time do you usually go to bed? <br> Recommended: Bedtime before 10:00 pm. $\begin{aligned} & 0=\text { After midnight } \\ & 1=\text { Between 11:00 pm and 12:00 pm } \\ & 2=\text { Between 10:00 pm and 11:00 pm } \\ & 3=\text { Before 10:00 pm } \end{aligned}$ |  |  |  |
| How easily do you fall asleep? <br> $0=$ Difficult: Takes more than 1 hour <br> 1 = Moderate: Usually within 30-45 minutes. <br> 2 = Easy: Usually within about 10-15 minutes. <br> $2=$ Very easy: As soon as my head hits the pillow! |  |  |  |
| How do you feel when you wake up in the morning? <br> 0 = Like I want to go into hibernation for a week <br> $1=$ Kind of groggy, still tired, and needing more sleep <br> $2=$ Good to go, after hitting the snooze button once or so <br> 3 = Fantastic! I jump up without the alarm, eager to face the day |  |  |  |


| Sleep Questions | 0 | 1 | 2 | 3 |
| :---: | :---: | :---: | :---: | :---: |
| How often do you vividly remember your dreams? $\begin{aligned} & 0=\text { Rarely or never } \\ & 1=\text { A few times per month } \\ & 2=\text { A few times per week } \\ & 3=\text { Every night or most of the time } \end{aligned}$ |  |  |  |  |
| How many naps do you need to take throughout the day? $\begin{aligned} & 0=\text { Three or more naps } \\ & 1=\text { Two naps } \\ & 2=\text { One nap } \\ & 3=\text { None } \end{aligned}$ |  |  |  |  |
| Total for Each Column (number of checkmarks x value) |  |  |  |  |
| Grand Total /18 |  |  |  |  |

## Your Sleep Assessment Results:

## Check the box beside the range where your total score falls.

- 17-21: Congratulations! You are a sleep super star. Your sleep habits are contributing to improved health and blood sugar control. Continue to sleep long and deep regularly. Work on the areas for which you did not have a perfect score.

12-16: You are well on your way to having health enhancing sleep habits in place. Continue to increase the length of time you sleep and make bedtime earlier. Follow the guidelines as taught by Dr. Ritamarie and you'll be better able to manage your weight and decrease insulin resistance induced health challenges.
-7-11: You have the beginnings of an effective sleep regime in place, but you need to pay extra attention to this area. Stick with Dr. Ritamarie's recommended guidelines and you'll be on your way to maximizing the benefits of sleep on your blood sugar and overall health, reducing your risk of disease and maximizing fat burning.

0-6: Your sleep habits could use improvement. It's time to turn off the lights and turn on your health. Fat burning happens while you sleep, as does repair and rebuilding your organs and glands. Stick with Dr. Ritamarie's recommended guidelines and you'll be on your way to maximizing the benefits of sleep.

Great job completing your sleep evaluation!

