

SLEEP AND PAIN PROFILE

Adapted from Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: A Clinical Case Definition and Guidelines for Medical Practitioners. An Overview of the Canadian Consensus Document. Carruthers BM, van de Sande MI.

Name _____ Date from ____/____/____ to ____/____/____

Please complete chart for the week before your next appointment

Sleep profile										
Day	Awakening time	Temp. a.m.	Pain a.m.	Time slept	Sleep quality	Temp. p.m.	Pain p.m.	Energy level	Bed time	Min. to fall sleep

- Temp a.m.:** Take your temperature as soon as you awaken, while you are still lying down. Also indicate if you feel cold (C), had cold feet (CF), or cold hands (CH), and if you were stiff (S).
- Pain:** Scale of 0 to 10. 0 being no pain, 10 being the worst pain you have experienced.
- Time slept:** Indicate approximate number of hours and minutes you slept.
- Sleep quality:** Good, fair, or poor. Also indicate the number of times you woke during the night including waking up much too early, e.g. if you woke up twice (W2). Indicate if you know why you woke up – e.g. to urinate, muscle cramps, nasal congestion, etc.
- Temp p.m.:** Take your temperature before going to bed. Indicate if you feel cold.
- Energy level:** Indicate your average energy level for the day – 0 being bedridden, 10 full of energy.
- Min. to fall asleep:** Indicate as best you can how many minutes it took you to fall asleep.

Was anything in particular bothering you this week, e.g. family crisis?

Pain visual analog scale (VAS), Body pain diagram

Please indicate the amount of pain you have had in the last 48 hours by marking a "/" through the line.



On the following diagrams, please indicate your areas of: Aching: ===== Burning pain: xxxxx Stabbing pain: ///// Pins & needles: ooooo Other pain: ppppp (describe: _____)

