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SPEECH PATHOLOGY PATIENT:	
SPEECH PATHOLOGIST:	
SPECIAL INSTRUCTIONS:	
	DATE:

## **HANDOUT-ABLE: Cognition and Sleep Tracker**

Week of:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>P</b> = Present <b>NP</b> = Not Present <b>C</b> = Conducted	NC = Not	Conducted	in 1-10 severit	y rankings, 1 =	very mild syr	mptoms and	<b>10 =</b> profound
SLEEP DESCRIPTIONS:							
Difficulty initiating sleep: P/NP – if P, then rank 1-10							
Sleep disruption after falling asleep: P/NP – if P, then rank 1-10							
Quality of sleep difficulty, of time slept: P/NP – if P, then rank 1-10							
Difficulty returning to sleep after waking: P/NP – if P, then rank 1-10							
Total number of hours sleeping:							
Other description of sleep patterns: (list/describe)							
FACTORS WHICH MAY BE IMPACTING SLEEP:							
Presence of medications to encourage sleep: (P/NP)							
Napping occurred: (P/NP — if P, # of occurrences, length of napping)							
Stress was evident throughout the day: P/NP – if P – then rank 1-10							
Physical exercise occurred: C/NC – if C, log type/intensity/length							
Sleep hygiene: lighting changes were attempted: C/NC (list details)							
Sleep hygiene: sensory changes to "self-soothe" to "wind down" for							
sleep were performed (sound, smell, touch, taste): C/NC (list details)							
Sleep hygiene: Electronics were avoided after 6 p.m.: C/NC							
Sleep hygiene: — reading a traditional book/magazine in bed prior to sleep occurred: C/NC (list details)							
Sleep hygiene: participated in relaxation/mindfulness prior to sleeping: C/NC (list details)							
Sleep hygiene: other sleep hygiene practices occurred: C/NC (list/details)							
Other Factors that impacted sleep were at play: P/NP (list/describe)							

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MEDICAL DIAGNOSES' IMPACT ON SLEEP:							
Pain during the day: P/NP – if P, rank 1-10, length/location							
Pain during the night: P/NP – if P, rank 1-10, length/location							
Nausea: P/NP – if P, rank 1-10, length of symptoms							
Other medical symptoms which impact sleep: (list/describe)							
MENTAL HEALTH DIAGNOSES' IMPACT ON SLEEP:							
Emotional vulnerabilities were present: P/NP – if P – describe/list,,							
what behaviors it tends to trigger, the response to vulnerabilities.							
An increase in behavioral health symptoms occurred: P/NP – if P,							
type of symptoms, impact, how coping occurred  Other mental health factors impacted sleep: (list/describe)							
HOW SLEEP MAY BE AFFECTING FUNCTIONING:							
Distractibility/difficulty with attention occurred: P/NP – if P, rank 1-10							
Difficulty with vigilance/(watching for possible danger) occurred: P/NP – if P, rank 1-10							
Difficulty with follow-through occurred: P/NP – if P, rank 1-10							
Difficulty with working memory occurred: P/NP – if P, rank 1-10							
Difficulty with long-term memory occurred: P/NP – if P, rank 1-10							
Difficulty with decision-making occurred: P/NP – if P, rank 1-10							
Accidents/judgment difficulties occurred: P/NP – if P, rank 1-10							
There were difficulties with mood: P/NP – if P, rank 1-10							
There were fatigue symptoms during the day: P/NP – if P, rank 1-10							
Other possible impacts on functioning: (list/describe)							

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<b>▲</b>	SPEECH PATHOLOGY PATIENT:
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Patient/family members/caregivers:	
With all of the above information you have listed, do you think you might benefit from a refedifficulties with sleep functioning?	erral for an evaluation and treatment for potential
Yes	
No	
Maybe/I Don't Know	
Please take these filled-out sheets to your referral to the following circled provider. The spee variety of data that is available regarding your case. The information in these handouts will be	-
The referral is being made by SLP (regarding the patient's relationship with sleep) for evaluat Primary Care Physician	ion with the following provider:
Neurologist	
Psychologist	
Psychiatrist	
Alternative Medicine Practitioner (Type):	
ENT	
Dentist	
Respiratory therapist	

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Somnologist

Other (Type):

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