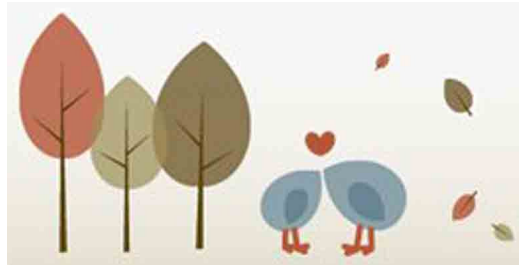


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Sleep Hygiene Worksheet

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Do you . . .

- feel irritable or sleepy during the day?
- have difficulty staying awake when sitting still, watching television or reading?
- fall asleep or feel very tired while driving?
- have difficulty concentrating?
- often get told by others that you look tired?
- react slowly?
- have emotional outbursts?
- feel like taking a nap almost every day?
- require caffeinated beverages to keep yourself going?

Pay Attention to Insomnia

Insomnia often acts as a flashing yellow light in terms of sleep problems. Your insomnia might be a symptom of a more significant sleep problem or disorder, or a starting point for dealing with a physical, mental or emotional challenge. Your inability to go to sleep or stay asleep might be related to your partner's snoring, your own sleep apnea or restless legs syndrome, or it might be related to an urgent situation at work, or a difficult family issue. Whatever the cause of your insomnia, being mindful of your sleep habits and learning to relax will help you sleep better and feel better.

Sleep apnea sleep disorders

Sleep apnea is a common sleep disorder that can be potentially very serious, and even life-threatening. In sleep apnea, your breathing stops or gets very shallow while you are sleeping. Each pause in breathing typically lasts 10 to 20 seconds or more, and the pauses can occur 20 to 30 times or more an hour. During the episodes of apnea, the sleeper wakes up to breathe again, disrupting sleep, and also suffers from a brief lack of oxygen.

Symptoms of sleep apnea include:

- **Frequent gaps in breathing** during sleep (apnea)
- **Gasping or choking** for air to restart breathing, often causing sleeper or partner to wake
- **Loud snoring**
- **Feeling unrefreshed** after a night's sleep and excessive daytime tiredness

The most common type of sleep apnea is **obstructive sleep apnea**. Causes of

Restless legs syndrome (RLS) is a disorder causing an almost irresistible urge to move the legs (or arms). The urge to move occurs when resting or lying down and is usually due to uncomfortable, tingling, or creeping sensations in the legs or affected limbs. Movement eases the feelings, but only for a while.

Periodic Limb Movement Disorder (PLMD) is a related condition involving involuntary, rhythmic limb movements, either while asleep or when awake. While most people who have Restless Legs Syndrome also have PLMD, only *some* people with PLMD also have RLS.

Sleep Diary (see page 11)

A [sleep diary](#), compiled by you and your sleep partner, can highlight lifestyle factors related to sleep disorders, and help your doctor or sleep specialist, if you choose to see one. A sleep diary should record all sleep-related information, including:

- time you went to bed and woke up (total sleep hours)
- quality of your sleep - times that you were awake and activity (e.g., stayed in bed with eyes closed, or got up, had a glass of milk, and meditated)
- types and amount of food, liquids, caffeine, or alcohol you consumed before bed, and times of consumption
- feelings and moods before bed – happiness, sadness, stress, anxiety
- drugs or medications taken, amounts taken, and times of consumption

Other details that you may want to record in your sleep history are:

- beverages consumed before sleeping
- drugs taken, whether over-the-counter or prescription
- number of naps throughout the day
- time of last meal or snack before bedtime
- use of nicotine or alcohol
- whether or not you exercised that day.

Develop good habits that <u>prepare</u> you for sleep		
Date Tried or discussed	Tip	Notes
	Fix a bedtime and an awakening time. Do not be one of those people who allows bedtime and awakening time to drift. The body "gets used" to falling asleep at a certain time, but only if this is relatively fixed. Even if you are retired or not working, this is an essential component of good sleeping habits.	
	Resist the urge to take naps or sleep in on the weekend. If you nap throughout the day, it is no wonder that you will not be able to sleep at night. The late afternoon for most people is a "sleepy time." Many people will take a nap at that time. This is generally not a bad thing to do, provided you limit the nap to 30-45 minutes and can sleep well at night.	
	Don't use alcohol as a sleep medication <i>Avoid alcohol 4-6 hours before bedtime.</i> Many people believe that alcohol helps them sleep. While alcohol has an immediate sleep-inducing effect, a few hours later as the alcohol levels in your blood start to fall, there is a stimulant or wake-up effect.	
	Avoid caffeine and nicotine <i>Avoid caffeine 4-6 hours before bedtime.</i> This includes caffeinated beverages such as coffee, tea and many sodas, as well as chocolate, so be careful.	
	Avoid caffeine late at night. Although many people without ADHD report that coffee actually helps them to sleep, there is usually a fine line between the right amount and too much caffeine. Caffeine is a potent diuretic, and while it may help some fall asleep, it causes awakening two or three hours later to void the bladder.	
	Effect of food. <i>Avoid heavy, spicy, or sugary foods 4-6 hours before bedtime.</i> These can affect your ability to stay asleep.	
	Increase your exercise time during the afternoons, but do not exercise heavily in the evening. <i>Exercise regularly, but not right before bed.</i> Regular exercise, particularly in the afternoon, can help deepen sleep. Strenuous exercise within the 2 hours before bedtime, however, can decrease your ability to fall asleep.	
	Use meditation to help fall asleep. Take a mindfulness class, listen to a guided meditation on tape, or learn progressive relaxation.	
	Use a "white noise" machine or keep a radio on static or keep a fan running nearby for the white noise sound. This is preferable to using a television for background noise (see below).	

Which tip could you use this week?

<i>Your Sleeping Environment</i>		
Date Tried or discussed	Tip	Notes
	<i>Use comfortable bedding.</i> Uncomfortable bedding can prevent good sleep. Evaluate whether or not this is a source of your problem, and make appropriate changes.	
	<i>Find a comfortable temperature setting for sleeping and keep the room well ventilated.</i> If your bedroom is too cold or too hot, it can keep you awake. A cool (not cold) bedroom is often the most conducive to sleep.	
	<i>Block out all distracting noise,</i> and eliminate as much light as possible.	
	<i>Reserve the bed for sleep and sex.</i> Don't use the bed as an office, workroom or recreation room. Let your body "know" that the bed is associated with sleeping.	
	Get in bed to go to sleep. Many people with ADHD are at their best at night. They are most energetic, thinking clearest, and most stable after the sun goes down. The house is quiet and distractions are low. This is their most productive time. Unfortunately, they have jobs and families to which they must attend the next morning, tasks made harder by inadequate sleep.	
<i>Getting Ready For Bed</i>		
	<i>Try a light snack before bed.</i> Warm milk and foods high in the amino acid tryptophan, such as bananas, may help you to sleep.	
	<i>Practice relaxation techniques before bed.</i> <u>Relaxation techniques</u> such as yoga, deep breathing and others may help relieve anxiety and reduce muscle tension.	
	<i>Don't take your worries to bed.</i> Leave your worries about job, school, daily life, etc., behind when you go to bed. Some people find it useful to assign a "worry period" during the evening or late afternoon to deal with these issues.	
	<i>Establish a pre-sleep ritual.</i> Pre-sleep rituals, such as a warm bath or a few minutes of reading, can help you sleep.	
	<i>Get into your favorite sleeping position.</i> If you don't fall asleep within 15-30 minutes, get up, go into another room, and read until sleepy.	
A Word About Television		
	Many people fall asleep with the television on in their room. Watching television before bedtime is often a bad idea. Television is a very engaging medium that tends to keep people up. We generally recommend that the television not be in the bedroom. At the appropriate bedtime, the TV should be turned off and the patient should go to bed. Some people find that the radio helps them go to sleep. Since radio is a less engaging medium than TV, this is probably a good idea.	

<i>Waking: Getting Up in the Middle of the Night</i>		
Date Tried or discussed	Tip	Notes
	As soon as you notice you are awake, try to get back to sleep immediately. This is not a time to ponder, plan, ruminate or rehearse. Observe the urge and return to getting back to sleep.	
	Stay physically drowsy. If you move at all, move only once, gently so as not to wake yourself up. Do not turn on the light. Use relaxation techniques.	
	Relaxation Techniques: (1) Scan your body in a calm and leisurely way, noticing and letting go of any tension you find. Particularly attend to your face, forehead, scalp and shoulders. Try hearing words in your mind such as, “Shoulders... warm and heavy, arms... warm and heavy, legs... warm and heavy.” (2) Develop some calming and quieting images which promote safety, warmth and heaviness—like lounging on a quiet beach in the sun. (3) Attend to your breathing. Count your breaths.	
	If you are making no progress toward getting to sleep after about 10 or 15 minutes, slowly and calmly get out of bed. Do not switch on the light or do anything active. Merely stand still, relaxing in the dark, with your mind as still as possible. Do not fight feelings of heaviness and drowsiness. Soon you will probably feel tired and will want to lie down. Return to bed, savoring your tiredness.	
	Most people wake up one or two times a night for various reasons. If you find that you get up in the middle of night and cannot get back to sleep <i>within 15-20 minutes</i> , then do not remain in the bed "trying hard" to sleep. Get out of bed. Leave the bedroom. Read, have a light snack, do some quiet activity, or take a bath. You will generally find that you can get back to sleep 20 minutes or so later. Do not perform challenging or engaging activity such as office work, housework, etc. Do not watch television.	
	<i>Is something waking you up?</i> Try keeping track of certain sounds or changes in your surroundings (creaking doors, cold room, sounds or ambient light).	
	<i>Keep room as dark as possible.</i> We need 8 hours of darkness (no ambient light) a night.	
	<i>Are you waking up to go the bathroom?</i> Limit water before bed (and caffeine)	
	Hypoglycemia. You may be experiencing low blood sugar at night. If your brain is low on glucose, the body releases adrenaline to provide glucose. The adrenaline wakes you, and often starts the “should committee” talking in your head.	
	Try: ¼ cup fruit juice diluted in a glass of water, followed by a spoon of nut butter.	

Which tip could you use this week?

Other Factors		
	<p><i>Several physical factors are known to upset sleep. These include arthritis, acid reflux with heartburn, menstruation, headaches and hot flashes.</i></p>	
	<p><i>Psychological and mental health problems like depression, anxiety and stress are often associated with sleeping difficulty. In many cases, difficulty staying asleep may be the only presenting sign of depression. A physician should be consulted about these issues to help determine the problem and the best treatment.</i></p>	
	<p><i>Many medications can cause sleeplessness as a side effect. Ask your doctor or pharmacist if medications you are taking can lead to sleeplessness.</i></p>	
	<p>Sleep and ADHD. Some experts say as many as 70%-80% of all patients with ADHD have difficulty sleeping. By far, the most common complaint is not being able to fall asleep. One study showed that patients with ADHD vary nightly on how long it takes to fall asleep, by as much as 2-3 hours, while those without ADHD normally fell asleep within 40 minutes.</p>	

Sleep Medications (discuss with your doctor)		
	<p>Melatonin. This naturally occurring peptide released by the brain in response to the setting of the sun has some function in setting the circadian clock. It is available without prescription at most pharmacies and health food stores. Typically the dosage sizes sold are too large. Almost all of the published research on Melatonin is on doses of 1 mg or less, but the doses available on the shelves are either 3 or 6 mg. Nothing is gained by using doses greater than one milligram.</p>	<p>Valerian Calms Forte'</p>
	<p>Periactin. The prescription antihistamine, cyproheptadine (Periactin), works like Benedryl but has the added advantages of suppressing dreams and reversing stimulant-induced appetite suppression. For those with no appetite loss, weight gain may limit Periactin's usefulness.</p>	<p>Like Benedryl</p>
	<p>Alpha or Beta Blockers Clonidine. Some practitioners recommend in a 0.05 to 0.1 mg dose one hour before bedtime. This medication is used for high blood pressure (and it is the drug of choice for the hyperactivity component of ADHD). It exerts significant sedative effects for about four hours. Suppression of adrenalin. Also used for PTSD sleep disturbance and day time anxiety, such as stage fright.</p>	<p>Clonidine Guanfacine/Tenex Propranolol/Inderal</p>
	<p>Antidepressant medications, such as trazadone (Desyrel), 50 to 100 mg, or mirtazapine (Remeron), 15 mg, used by some clinicians for their sedative side effects. Due to a complex mechanism of action, lower doses of mirtazapine are more sedative than higher ones. More is not better. Like Benedryl, these medications tend to produce sedation into the next day, and may make getting up the next morning harder than it was.</p>	<p>Trazadone</p>

Control Intrusive Thoughts		
Date Tried or discussed	Tip	Notes
	Often what gets in the way of sleep are intrusive thoughts – worrying or planning or anticipating or rehearsing. It is important to commit yourself to letting go of all such thoughts. You must convince yourself that even if the cure for cancer suddenly comes to you, you must let it go while you are in bed. Cheerlead yourself: “Everything is as it should be now. There is no need for me to lie awake thinking. I can simply go to sleep.”	
	Set aside a quiet time just before bed, outside your bedroom, to do your worrying, planning, etc. Jot down any notes on thoughts or ideas you want to follow-up on. Do not dwell on any one thought or idea—merely jot something down and put the idea aside.	
	Block intrusive thoughts while you are in bed by doing the following: immediately start saying the word “the” over and over, under your breath, with only the slightest movement of your tongue. Repeat “the” at a comfortable rate, 2 or 3 times per second. If you also have intrusive images, try moving your eyes as if you were following an irregular circle. Keep your eyes closed, and follow the circle in a slow and lazy way. Try picturing a map of the United States and slowly move your eyes around the borders. If a thought intrudes, notice it nonjudgmentally and simply return to repeating “the” and following the circle. The unwanted thoughts will be blocked and you will soon drift off to sleep again.	

Which tip could you use this week?

Delayed Sleep Phase Syndrome (DSPS). People with DSPS report that they can experience a normal sleep phase — for example, get into bed, fall asleep quickly, sleep undisturbed for eight hours, and awake refreshed — but that their brains and bodies want that cycle from 4 a.m. until noon. This is a pattern reported by more than half of adults with ADHD. Brenner hypothesizes that DSPS and the sleep patterns of ADHD have the same underlying disturbance of circadian rhythms. Specifically, he believes that the signal which sets the internal circadian clock (the gradual changes in light caused by the sun's setting and rising) is weak in people with ADHD. As a result, their circadian clock is never truly set, and sleep drifts into to the 4 a.m.-to-noon pattern or disappears entirely, until the sufferer is exhausted.

One hypothesis is that the lack of an accurate circadian clock may also account for the difficulty that many with ADHD have in judging the passage of time. Their internal clocks are not "set." Consequently, they experience only two times: "now" and "not now." Many of my adult patients do not wear watches. They experience time as an abstract concept, important to other people, but one which they don't understand. It will take many more studies to establish the links between circadian rhythms and ADHD.

Chronic Pain and Sleep Disturbance

Chronic Pain Can and Does Create Sleep Problems.: The National Sleep Foundation and Spine-Health report that 2/3 of chronic pain sufferers experience sleep problems. Approximately 15% of all people have sleep problems. Compounding the problem of disturbed sleep in people who hurt is the fact that some chronic pain medications tend to disrupt sleeping patterns.

Bedtime and Chronic Pain: Bedtime is a time to allow the distractions of the day to drop away. It is a time for relaxation. For the person living with chronic pain, it is unavoidable time alone with your pain. The pain is amplified because it is the only activity perceivable by the brain. This makes falling asleep fraught with pain perceptions.

The Vicious Cycle: When a chronic pain sufferer experiences fragmented sleep, a vicious cycle ensues – sleep disruption caused by chronic pain exacerbates the pain, which in turn interrupts sleeps. With repetition, this becomes a pattern. Also, microarousals, which have little to no impact on people without pain, increase the likelihood of disrupted sleep patterns for those with chronic pain.

Causes of Sleep Loss: The National Sleep Foundation reports several major causes of interrupted sleep:

- back pain
- headaches
- facial pain caused by TMJ
- musculoskeletal pain, including pain from arthritis and fibromyalgia
- abdominal pain in women
- cancer pain

Forms of Interrupted Sleep: The main forms of sleep interruption include:

- waking up throughout the night
- difficulty falling asleep
- awakening too early in the morning
- non-refreshing sleep.

Additionally, people with conditions such as fibromyalgia and arthritis may experience restless leg syndrome, morning stiffness, extra pain and/or sleep apnea.

Effects of Sleeplessness: Non-restorative sleep takes its toll the next day in the form of low energy/fatigue, depression, and increased pain. Reduced energy and function can jeopardize safety, as well.

The Problem with Sleep Medications: The New York Times reports that about 42 million prescriptions for sleep medication were issued in 2005. Aside from being over prescribed, sleep medications these days can have strange side effects such as sleep-driving!

Are Drugs the Answer to Sleep Disruption?: The New York Times article also indicates that drugmakers target and capitalize on the public perception that “modern day lifestyle” is frenetic. The article reveals the steepness of advertising strategies for sleep medication which use ad bombardment, advertising to prescribing physicians and campaigns timed with the unveiling of last year’s Desperate Housewives TV season. Is there another way for us to get to sleep? Must we rely on these drugs?

What to Do: Most authorities recommend practicing good sleep hygiene, along with becoming very familiar with their sleep deprivation problem (i.e. understanding the cause). If sleep problems persist after implementing sleep hygiene practices, it may then be the time to seek medical help.

1 What You Can Do to Get a Good Sleep. National Sleep Foundation. Retrieved from: <http://www.sleepfoundation.org/sleeplibrary/index.php?id=63> February 7, 2006.

2. Breaking the Cycle of Chronic Pain and Insomnia. Spine-Health. Retrieved from: <http://www.spine-health.com/topics/conserves/insomnia/insomnia1.html> February 9, 2006.

3. Saul, Stephanie. Record Sales of Sleep Pills Cause Worry. New York Times. Tuesday, February 7, 2006.

CHRONIC PAIN AND SLEEP DIFFICULTIES

Richard W. Hanson, Ph.D.

Many persons with chronic pain experience sleep difficulties. Certainly pain itself can interfere with sleep. Unfortunately, worries about sleep and feelings of fatigue resulting from insufficient sleep can both magnify the pain and interfere with your ability to cope with it. Following are some guidelines for dealing with pain-related sleep problems.

- First, it is important to realize that people differ as to how much sleep they need each night to feel rested. Some seem to need at least 9 or 10 hours a night while others can get by with as little as 4 or 5 hours a night.
- Second, you need to come to grips with the fact that we cannot directly control the sleep process. In fact, you may have discovered that the harder you try to fall asleep, the more tense, frustrated, and wide awake you become. All we can do is create conditions in which sleep is more likely to occur.
- Third, it is important to understand that some medications which are used to bring about sleep can actually contribute to sleep difficulties when used over a long period of time. In a similar manner, use of alcohol can create sleep difficulties in the long run. Many of these chemicals interfere with natural sleep rhythms and so in a sense, your body forgets to sleep naturally. If you are not sure about the effects of sleep medications which you are taking, be sure to ask your doctor.

Developing Healthy Sleep Habits

Although no one has to learn how to sleep, many people develop bad sleep habits which interfere with effective sleep. Like all bad habits, they need to be replaced with healthy habits.

Following are nine rules for establishing healthy sleep habits:

- Do not go to bed until you are drowsy and ready to sleep.
- Get up at approximately the same time each morning irrespective of how much sleep you got that night. If necessary, use an alarm clock to wake up at the desired time.
- Minimize use of daytime naps. The more you nap during the day, the less need you have for sleep at night.
- Do not drink alcohol later than two hours prior to bedtime. Although it is obvious that alcohol facilitates the onset of sleep, it can contribute to restless sleep and a tendency to awaken during the night.
- Do not consume caffeine after about 4 pm., or within 6 hours prior to bedtime. Learn all the foods, beverages, and medications that contain caffeine.
- Do not smoke within several hours prior to your bedtime. Remember that nicotine, like caffeine, is actually a stimulant.
- Exercise regularly. However, you should avoid strenuous physical exertion in the hours before bedtime.
- Use common sense to make your sleep environment more conducive to sleep. Arrange for a comfortable temperature and minimum levels of sound, light, and noise.
- If you are accustomed to it, have a light carbohydrate snack before bedtime (e.g., crackers, graham crackers, milk, or cheese). Do not eat chocolate or large amounts of sugar. Avoid excessive fluids. If you awaken in the middle of the night, do not have a snack then or you may find that you begin to wake up habitually at that time feeling hungry.

What To Do When You Can't Sleep At Night

Since it is impossible to make yourself go to sleep, the major question you should ask yourself is, what is the best use of my time while I am awake? Keep in mind that one of the major functions of sleep is to give your body and mind rest. You might then consider other ways to give your mind and body some needed rest, short of sleep itself.

Unfortunately, what often occurs for people who have trouble sleeping at night is the very opposite of rest. For many, it is a time of considerable tension, frustration, worry, and negative thinking. The negative thoughts may pertain to struggles over the sleep situation itself, or you may have negative thoughts about various problems in your life. It is a common fact that negative thoughts during the night tend to be magnified and blown out of proportion. It is frequently a time of greatest cognitive distortion and loss of perspective.

These negative thoughts typically act like repeating tape loops that play over and over again in your mind, with no constructive resolution. Certainly these repetitive cycles of negative thinking interfere with rest and perpetuate the sleep problem. Pain also is often magnified while lying awake at night. With the lights out and everyone else in your household sound asleep, there are no external distractions available. Consequently, it is much easier for your mind to become totally consumed by your pain.

Since it is impossible to directly force negative thoughts and pain out of your mind, the goal should be to redirect your mind to something else. Therefore, while lying in bed, either before going to sleep or if you awaken during the night, a better use of your time is to do a relaxation procedure, listen to a relaxation tape, or engage in pleasant mental imagery. While doing so, the goal of relaxation is not necessarily to fall asleep, but rather to relax and give your body and mind some rest. If you happen to fall asleep, great. If you stay awake relaxing, that's okay too. At least you are getting rest. Any number of different

relaxation approaches can be used. It also may be an especially useful time to get involved in enjoyable mental imagery. Such imagery does not have to include traditional relaxation scenes. You can use any form of enjoyable fantasies or pleasant memories, e.g., fantasies of success and recognition, exciting romantic encounters, heroic deeds, thoughts about loved ones, etc. The idea here is to do your best to prolong the enjoyable fantasy. Using a form of reverse psychology, you should actually try not to fall asleep so you can enjoy the relaxation or pleasant fantasies.

If it is not possible for you to engage your mind in some form of relaxation or enjoyable imagery, then the next alternative is to get out of bed, leave the bedroom, and do some other activity that is relaxing, positive, or constructive. The ideal is to have some predetermined activities already lined up (e.g., reading, watching tv or a video, doing crossword puzzles, write a letter, working on a hobby etc.). You should only return to bed when you feel drowsy and sufficiently tired. This whole process can be repeated as often as necessary during the night. Remember, irrespective of the amount of sleep you actually get, try to wake up at around the same time.

Sleep Diary

NAME:	DAYS OF THE WEEK						
	DATE	DATE	DATE	DATE	DATE	DATE	DATE
1. I went to bed at: (Give clock time)	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M
2. I fell asleep at: (Give clock time)	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M
3. How many minutes did I take to fall asleep?							
4. I woke up for the day at (Give clock time)	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M
5. I got out of bed for the day at (Clock time)	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M	__: __ M
6. How many hrs. was I in bed last night?							
7. How many times did I wake up?							
8. Amount of time awake after first falling asleep (minutes)							
9. How many naps did I take yesterday? (Give #)							
10. How long did my naps last in minutes?							
11. I took naps at (list the clock times).							
12. Sleep Quality: 1. very poor 2. poor 3. OK 4. good 5. very good							
13. Sleep Quantity: 1. very inadequate 2. inadequate 3. about right 4. too much							
14. How many cups of caffeinated coffee did I have yesterday?							
15. How many cans of caffeinated cola did I have yesterday?							
16. How many glasses of caffeinated tea did I have yesterday?							
17. How many bars of chocolate yesterday?							
18. How many cigarettes smoked yesterday							
19. Did you dream last night?							
20. Do you take meds to sleep?							
21. What is/are the meds you use to sleep?							
22. List the meds you took yesterday.							