

## MY PERSONAL DOCTOR DISCUSSION GUIDE

Preparing for your initial visit with your doctor may improve the discussion about your specific sleep problem and treatment options. This can help the doctor and you determine if you need to treat your sleep problem and if LUNESTA may be right for you. This Discussion Guide is not meant to be a diagnostic tool; it's simply a reference tool that helps you give information to your doctor.

Simply write in your answers and bring it with you when you see your doctor. If you haven't tried LUNESTA, we also recommend you print out and bring our Free Trial Offer form by downloading the coupon at [Lunesta.com](http://Lunesta.com).

### About your difficulty sleeping

Your doctor will want to get a sense of how severe your sleeping problem is and how long you've been experiencing it. Check the answers that best apply to you.

#### How much sleep are you getting each night?

- 7–8 hours       6–7 hours       less than 6 hours       Other \_\_\_\_\_

#### How long have you been experiencing trouble sleeping?

- 1 week       1 month       3 months  
 6 months       7+ months       Other \_\_\_\_\_

#### How often do you have trouble sleeping?

- 1x a week       2x a week       3x a week or more  
 1x a month       2x a month       Other \_\_\_\_\_

#### Are you having trouble falling asleep, staying asleep, or both?

- Falling asleep       Staying asleep       Both       Other \_\_\_\_\_

#### If you have trouble sleeping, how many times on average do you wake up in the middle of the night?

- 1x       2x       3x  
 4x       Other

#### If you do wake up, for how long?

- Hours       Minutes

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### Impact on your day

**Which of the following are affected by your lack of sleep?** (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Ability to concentrate           | <input type="checkbox"/> Job performance |
| <input type="checkbox"/> Meeting the demands of life      | <input type="checkbox"/> Mood            |
| <input type="checkbox"/> Relationship with family/friends | <input type="checkbox"/> Health          |
| <input type="checkbox"/> Ability to function              | <input type="checkbox"/> Other _____     |

Share any of the following with your doctor if they apply to you:

- Recent life changes
  - Frequent travel for work
  - High level of stress or anxiety due to job, family, or some other cause
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### What you're doing to treat the problem

**Share with your doctor the steps you've taken to get a better night's sleep.**

**From the list below, check off what you're doing** (or have tried).

- Reducing consumption of beverages with caffeine (coffee, tea, soft drinks)
- Eating fewer spicy foods
- Exercising (earlier in the day)
- Smoking less/quitting
- Limiting or eliminating naps
- Going to bed at the same time every night
- Cutting down on light, noise, or other distractions in the bedroom
- Taking over-the-counter sleep medications
- Taking prescription sleep medications
- Consuming alcohol

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### Your medical history

**This will give your doctor a fuller picture of the state of your health. Start by listing all the prescription medicines, over-the-counter drugs, herbal supplements, and vitamins you're taking.**

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**Check off any of the following medical conditions you may have or add those not listed in the space provided below.**

- Have a history of depression, mental illness, or suicidal thoughts
- Have a history of drug or alcohol abuse or addiction
- Have liver disease
- Are pregnant, planning on becoming pregnant, or breastfeeding

### **Notes:**

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## **MY PERSONAL DOCTOR DISCUSSION GUIDE**

### Some additional questions to ask your doctor

Check off the questions below you want to ask your doctor. We've also given you extra space on the next page for any additional subjects or questions you may want to bring up during your visit.

#### **About Sleep**

- What could be causing my sleep problems?
- Are there serious risks if I don't treat sleep problems that persist?
- How can I tell if I have serious sleep problems?

#### **Considering Treatment**

- What are some of the differences between taking a prescription sleep medication and over-the-counter treatments?
- What side effects can I expect from taking either an over-the-counter treatment or a prescription medication?
- Will all sleep medications help me to fall asleep and stay asleep?

#### **About LUNESTA**

- Do you think LUNESTA may be right for me?
- How can I expect to feel the next morning after taking LUNESTA?
- If I start taking LUNESTA, will I have to take it every night?
- What are the most common side effects of LUNESTA?
- Is there any other important safety information I should know?

