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Insomnia Diagnosis Form

Last name: _____

First name: _____ Date filled: _____ D/M/YR

- A. Do you have difficulty (dissatisfaction) with your initiation of (getting to) sleep? YES NO
- B. Do you have difficulty maintaining sleep?
YES NO
- C. If yes, is this characterized by frequent awakenings or problems returning to sleep after awakenings?
YES NO
- D. Do you have early morning awakenings with difficulty returning to sleep? YES NO
- E. Do any of these problems in A) B) or D); or any combination of them that cause you to have significant distress or impairment in social, occupational, educational, academic, behavioural, or other important areas of functioning?
YES NO
- F. If you answered "yes" to question E, has this occurred for at least 3 nights a week [on average]?
YES NO
- G. If you answered "yes" to question E, has the problem been present for at least 3 months? YES NO

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H. If you answered “yes” to question E, has the problem sleeping occurred despite an adequate opportunity to sleep?

YES NO

I. Do you have another sleep disorder such as sleep apnea that explains to your sleeping problem?

YES NO MAYBE

J. Is your problem explained by substance abuse or your medications?

YES NO MAYBE

K. Do you have another mental disorder or medical condition that could adequately explain your main sleep problem?

YES NO MAYBE

Note: A doctor can review your answers, discuss them with you and then form an opinion as to if you suffer from insomnia. Also note that if you have the problems mentioned in this form but for less than 3 months or less than 3 times a week, you could still have a low grade form of insomnia that does not meet the strict criteria.

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How to send us your form:

Do not send your form to us as an unprotected attachment to an email.

If at all possible we would like to obtain your form electronically.

If you are not comfortable using computers or with with sending your information by electronic means you can do any one of the following:

- 1) Print it and use traditional mail to send it to us at: Toronto Touch Clinic, 690A Queen Street East, Toronto, Ontario M4M 1G9.
- 2) Fax it to us at 416-461-3129.
- 3) Put it on a USB and then deliver it to our Queen Street office by hand delivery of mail.

If you are comfortable with computers and sending it electronically you can:

Encrypt your document and send it as an attachment to an email. You will then have to give us the password. Here is how to encrypt it: Open the PDF and choose Tools > Protect > Encrypt > Encrypt with Password. If you receive a prompt, click Yes to change the security. Select Require a Password to Open the Document, then type the password in the corresponding field.