Sleep Disorder Assessment

Yes	No		
☐	☐	1.	I have been told that I snore.
☐	☐	2.	I have been told that I hold my breath while I sleep.
☐	☐	3.	I have high blood pressure.
☐	☐	4.	My friends and family say that I'm often grumpy and irritable.
☐	☐	5.	I wish I had more energy.
☐	☐	6.	I get morning headaches.
☐	☐	7.	I often wake up gasping for breath.
☐	☐	8.	I am overweight.
☐	☐	9.	I often feel sleepy and struggle to remain alert during the day.
☐	☐	10.	I frequently wake with a dry mouth.
☐	☐	11.	I have difficulty falling asleep.
☐	☐	12.	Thoughts race through my mind and prevent me from getting to sleep.
☐	☐	13.	I anticipate a problem with sleep several times a week.
☐	☐	14.	I often wake up and have trouble going back to sleep.
☐	☐	15.	I worry about things and have trouble relaxing.
☐	☐	16.	I wake up earlier in the morning than I would like to.
☐	☐	17.	I lie awake for half an hour or more before I fall asleep.
☐	☐	18.	I often feel sad or depressed because I can't sleep.
☐	☐	19.	I have trouble concentrating at work or school.
☐	☐	20.	When I am angry or surprised, I feel like my muscles are going limp.
☐	☐	21.	I have fallen asleep while driving.

Yes	No		
☐	☐	22.	I often feel like I am in a daze.
☐	☐	23.	I have experienced vivid dreamlike scenes upon falling asleep or awakening.
☐	☐	24.	I have fallen asleep in social settings such as movies or at a party.
☐	☐	25.	I have vivid dreams soon after falling asleep or during naps.
☐	☐	26.	I have "sleep attacks" during the day no matter how hard I try to stay awake.
☐	☐	27.	I have episodes of feeling paralyzed during my sleep.
☐	☐	28.	I wake up at night with an acid/sour taste in my mouth.
☐	☐	29.	I wake up at night coughing or wheezing.
☐	☐	30.	I have frequent sore throats.
☐	☐	31.	I have heartburn at night.
☐	☐	32.	During the night I suddenly wake up feeling like I am choking.
☐	☐	33.	I have noticed (or others have commented) that parts of my body jerk during sleep.
☐	☐	34.	I have been told that I kick and jerk during sleep.
☐	☐	35.	When trying to go to sleep, I experience an aching or crawling sensation in my legs.
☐	☐	36.	I experience leg pain or cramps at night.
☐	☐	37.	Sometimes I can't keep my legs still at night, I just have to move them to feel comfortable.
☐	☐	38.	Even though I slept during the night, I feel sleepy during the day.

Scoring the Assessment

Questions 1 - 10: Yes # ____ No # ____ (If you answered YES to three or more questions, you have symptoms of **SLEEP APNEA**. This is a potentially serious disorder which causes you to stop breathing repeatedly, often hundreds of times in the night during your sleep.)

Questions 11- 18: Yes # ____ No # ____ (If you answered YES to three or more questions, you have symptoms of **INSOMNIA**. This is a persistent inability to fall asleep or stay asleep.)

Questions 19- 27: Yes # ____ No # ____ (If you answered YES to three or more questions, you have symptoms of **NARCOLEPSY**. This is a lifelong disorder characterized by sleep attacks during the day).

Questions 28 - 32: Yes # ____ No # ____ (If you answered YES to three or more questions, you have symptoms of **GASTROESPHAGEAL REFLUX**. This disorder is caused by acid "backing up" into the esophagus during sleep.)

Questions 33 - 38: Yes # ____ No # ____ (If you answered YES to three or more questions, you have symptoms of **PERIODIC LIMB MOVEMENT DISORDER** or **RESTLESS LEGS SYNDROME**. **PLMD** is the uncontrollable leg or arm jerks during sleep and RLS is the uncomfortable feelings in the legs at night.)

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