

Take the Sleep Test

Complete this questionnaire to find out how well you sleep

This test may help you recognize and detect symptoms of sleep disorders. This test is a general source of educational information and does not contain medical advice. It should not be used for diagnosis or treatment. Getting an evaluation at a fully accredited sleep disorder center is the best way to determine if you have any sleep disorder.

To take this sleep test, check the number by each statement that is true for you. If the statement does not apply or is false, simply go on to the next statement. To score the test, follow the directions on the back of this page.

- 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 gasping for breathe.
- 8. I am overweight.
- 9. I often feel sleepy and struggle to remain alert during the day.
- 10. I frequently awake 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 awake 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.
- 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 acid/sour taste in my mouth.
- 29. I wake up at night coughing and 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.

How to score your sleep...

Questions 1-10:

If you answered YES to three or more questions, you have symptoms of SLEEP APNEA, a potentially serious disorder that causes you to stop breathing repeatedly, often hundreds of time in the night during your sleep.

Questions: 11-18:

If you answered YES to three or more questions, you have symptoms of INSOMNIA a persistent inability to fall asleep or stay asleep.

Questions 19-27:

If you answered YES to three or more questions, you have symptoms of NARCOLEPSY a life long disorder characterized by sleep attacks during day.

Questions 28-32:

If you answered YES to three or more questions, you have symptoms of GASTROESOPHAGEAL REFLUX a disorder caused by acid “backing up” into the esophagus during sleep.

Questions 33-38:

If you answered YES to three or more questions, you have symptoms of PERIODIC LIMB MOVEMENT DISORDER uncontrollable leg or arm jerks during sleep, or RESTLESS LEGS SYNDROME uncomfortable feeling in the legs at night.

I HAVE MY TONSILS		<input type="checkbox"/> YES	<input type="checkbox"/> NO
PATIENT MEDICAL HISTORY	<input type="checkbox"/> DIABETES	<input type="checkbox"/> HIGH BP	<input type="checkbox"/> CARDIOVASCULAR DISEASE
FAM. MEDICAL HISTORY	<input type="checkbox"/> DIABETES	<input type="checkbox"/> HIGH BP	<input type="checkbox"/> CARDIOVASCULAR DISEASE

TAKE SLEEP PROBLEMS SERIOUSLY.

IF YOU SHOW SYMPTOMS OF SLEEP DISORDER, CALL A SLEEP CENTER NEAR YOU.....



Recommendation: Talk to your Physician about this sleep evaluation let him/her make a determination for diagnostic testing. If you don't have a Physician call us to provide you a list of Physicians that know about this medical condition. Office hours (M-F 8:30a.m till 5:30 p.m.)
For more information call TOLL FREE 1-877-527-5337