

# Sleep Quiz

This simple quiz is designed to alert you to any problems resulting from poor quality sleep. A sleep study can diagnose a variety of sleep disorders. Once detected, most sleep disorders can be corrected.

**\*If you have experienced any of the following in the last year, please check the box.**

- |  |   |
|--|---|
| 1. <input type="checkbox"/> I have difficulty falling asleep.  | 16. <input type="checkbox"/> I sweat excessively during the night.                                    |
| 2. <input type="checkbox"/> Thoughts race through my mind and this prevents me from sleeping.                                  | 17. <input type="checkbox"/> I have fallen asleep while driving.                                      |
| 3. <input type="checkbox"/> I feel afraid to go to sleep.  | 18. <input type="checkbox"/> When angry, surprised, or laughing, I feel like I'm going limp.          |
| 4. <input type="checkbox"/> I wake up during the night and can't go back to sleep.   | 19. <input type="checkbox"/> I sometimes do things I don't remember later.                            |
| 5. <input type="checkbox"/> I wake up earlier in the morning than I would like to.   | 20. <input type="checkbox"/> I have had vivid dream-like scenes upon falling asleep or waking up.     |
| 6. <input type="checkbox"/> I lie awake for half an hour or more before I fall asleep.   | 21. <input type="checkbox"/> I feel like I am hallucinating when I fall asleep.                       |
| 7. <input type="checkbox"/> I feel sad or depressed.   | 22. <input type="checkbox"/> I have trouble at work or school because of sleepiness.                  |
| 8. <input type="checkbox"/> I've been told I snore.  | 23. <input type="checkbox"/> I dream during naps.   |
| 9. <input type="checkbox"/> I've been told that I stop breathing while I sleep, although I don't remember this when I wake up. | 24. <input type="checkbox"/> I feel unable to move when I am waking up or falling asleep.             |
| 10. <input type="checkbox"/> I have high blood pressure.   | 25. <input type="checkbox"/> I have been told I kick at night.  |
| 11. <input type="checkbox"/> I am gaining weight.  | 26. <input type="checkbox"/> I experience aching or "crawling" sensations in my legs at night.        |
| 12. <input type="checkbox"/> I have noticed my heart pounding or beating irregularly during the night.                         | 27. <input type="checkbox"/> Sometimes I can't keep my legs still at night.                           |
| 13. <input type="checkbox"/> I wake with a morning headache.   | 28. <input type="checkbox"/> Sometimes I have to get up and walk to relieve the sensation in my legs. |
| 14. <input type="checkbox"/> I suddenly wake up gasping for breath.  |   |
| 15. <input type="checkbox"/> I feel sleepy during the day even though I slept through the night.                               |   |

## **Scoring Guide:**

**Questions 1-7:** If you marked two or more boxes, you show symptoms of **INSOMNIA**-- an inability to fall or stay asleep.

**Questions 8-17:** If you marked two or more boxes, you show symptoms of **SLEEP APNEA**-- a life threatening disorder which causes you to stop breathing repeatedly during sleep.

**Questions 18-24:** If you marked two or more boxes, you show symptoms of **NARCOLEPSY**-- a lifelong disorder characterized by uncontrollable sleep attacks during the day.

**Questions 25-28:** If you marked two or more boxes, you show symptoms of **RESTLESS LEGS**-- a disorder characterized by pain or crawling sensations in the legs.

**Take your completed survey to your doctor and ask if a sleep consultation at PeaceHealth Sleep Center is right for you.**