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

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.