Sleep Quiz
(instructions: PRINT OUT this page & check boxes with pen or pencil)

☐ 1. I have been told that I snore, gasp or quit breathing during my sleep, even though I do not remember.
☐ 2. I have high blood pressure.
☐ 3. I have woken up with my heart pounding or having skipped a beat during the night.
☐ 4. I frequently feel sleepy during the day, even though I sleep well at night.
☐ 5. I often awaken with a dry mouth.
☐ 6. I frequently awaken with headaches.
☐ 7. I have almost fallen asleep while driving or at work.
☐ 8. I have “sleep attacks” where I fall asleep even though I fight it.
☐ 9. I see vivid, dreamlike images when waking up or falling asleep.
☐ 10. I have suddenly fallen asleep when angered, surprised, saddened or scared.
☐ 11. I have awakened to find that for several seconds, I could not move.
☐ 12. I often take greater than 30 minutes to fall asleep.
☐ 13. I awaken during the night and have difficulty returning to sleep.
☐ 14. I wake up earlier in the morning than I would like to.
☐ 15. Thoughts often race through my mind and prevent me from falling asleep.
☐ 16. I often feel sad and depressed.
☐ 17. I have problems falling asleep during the week, but sleep well during weekends and while on vacation.
☐ 18. I have awakened with heartburn or a sour taste in my mouth.
☐ 19. I use antacids frequently or stomach trouble.
☐ 20. I have been told that my arms or legs jerk or kick during the night.
☐ 21. I often feel a “creepy crawly” sensation in my legs when lying in bed.
☐ 22. I often wake up with leg cramps in the night and have to walk around to relieve them.
☐ 23. I am bothered by recurrent frightening or bad dreams.
☐ 24. I am told that I frequently walk, talk or grind my teeth during my sleep.

If you answered YES to two or more statements in questions 1 to 8, then you may have SLEEP APNEA, an often severe disorder in which persons often stop breathing hundreds of times during the night.

If you answered YES to two or more questions numbered 8 to 11, then you may have NARCOLEPSY, a lifelong medical disorder characterized by uncontrollable sleep attacks during the day.

If you answered YES to two or more questions numbered 12 to 17, then you may have a problem with INSOMNIA, an inability to fall or stay asleep.

If you answered YES to questions 18 and 19, then you may have GASTRIC REFLUX, a disorder in which stomach acid rises in the throat and disrupts nighttime sleep.

If you answered YES to question 20, 21 or 22, you may have NOCTURNAL MYOCLONUS, a disorder of repetitive muscle activity that disrupts nighttime sleep.

If you answered YES to either question 23 or 24, you may have a PARASOMNIA, which includes sleepwalking, sleeptalking, nightmares, night-terrors and grinding of the teeth.

For more information, call the Sleep Disorders Center at (360) 414-7800 or (800) 438-7562.

Center for Sleep Disorders
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