

SLEEP DISORDER ASSESSMENT

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

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	21. I have fallen asleep while driving.
<input type="checkbox"/>	<input type="checkbox"/>	22. I often feel like I am in a daze.
<input type="checkbox"/>	<input type="checkbox"/>	23. I have experienced vivid dreamlike scenes upon falling asleep or awakening.
<input type="checkbox"/>	<input type="checkbox"/>	24. I have fallen asleep in social settings such as movies or at a party.
<input type="checkbox"/>	<input type="checkbox"/>	25. I have vivid dreams soon after falling asleep or during naps.
<input type="checkbox"/>	<input type="checkbox"/>	26. I have "sleep attacks" during the day no matter how hard I try to stay awake.
<input type="checkbox"/>	<input type="checkbox"/>	27. I have episodes of feeling paralyzed during my sleep.
<input type="checkbox"/>	<input type="checkbox"/>	28. I wake up at night with an acid/sour taste in my mouth.
<input type="checkbox"/>	<input type="checkbox"/>	29. I wake up at night coughing or wheezing.
<input type="checkbox"/>	<input type="checkbox"/>	30. I have frequent sore throats.
<input type="checkbox"/>	<input type="checkbox"/>	31. I have heartburn at night.
<input type="checkbox"/>	<input type="checkbox"/>	32. During the night I suddenly wake up feeling like I am choking.
<input type="checkbox"/>	<input type="checkbox"/>	33. I have noticed (or others have commented) that parts of my body jerk during sleep.
<input type="checkbox"/>	<input type="checkbox"/>	34. I have been told that I kick and jerk during sleep.
<input type="checkbox"/>	<input type="checkbox"/>	35. When trying to go to sleep, I experience an aching or crawling sensation in my legs.
<input type="checkbox"/>	<input type="checkbox"/>	36. I experience leg pain or cramps at night.
<input type="checkbox"/>	<input type="checkbox"/>	37. Sometimes I can't keep my legs still at night; I just have to move them to feel comfortable.
<input type="checkbox"/>	<input type="checkbox"/>	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 a 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 **GASTROESOPHAGEAL 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.)