

## Do You Have A Sleep Disorder?

This questionnaire is designed to help you identify any problems you may have resulting from poor sleep patterns. Simply check the box beside the symptoms you have experienced in the last year.

- 1** I have difficulty falling asleep.
- 2** I worry about things and have trouble relaxing.
- 3** I lie awake for half an hour or more before I fall asleep.
- 4** I feel sad and depressed.
- 5** I've been told that I stop breathing while I sleep although I don't remember this when I wake up.
- 6** I have noticed my heart pounding or beating irregularly during the night.
- 7** I get morning headaches.
- 8** I am overweight.
- 9** I feel sleepy during the day even though I slept through the night.
- 10** During the night, I suddenly wake up gasping for breath.
- 11** I wake up with heartburn.
- 12** I have to use antacids (Rolaids, Tums, Alka-Seltzer, etc.) almost every week for stomach trouble.
- 13** When I am angry or surprised, I feel as if I'm going limp.
- 14** I have fallen asleep while driving.
- 15** I have experienced vivid nightmares or dream-like scenes upon falling asleep or waking up.
- 16** I feel as if I am hallucinating when I fall asleep.
- 17** I have trouble at work because of sleepiness.
- 18** I feel unable to move when I am waking up or falling asleep.
- 19** I experience aching or "crawling" sensations in my legs.
- 20** Sometimes I can't keep my legs still at night. I just have to move them.