

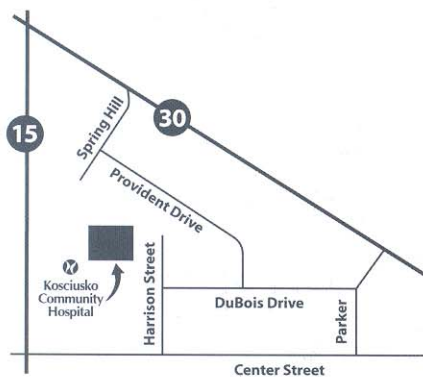
Sleep Disorder Questionnaire Answers

Questions 1 through 4

If you marked two or more boxes, you show symptoms of **INSOMNIA**, a persistent inability to fall asleep or stay asleep.

Questions 5 through 10

If you marked three or more boxes, you show symptoms of **SLEEP APNEA**, a life-threatening disorder, which causes you to stop breathing repeatedly—often several hundred times per night—during your sleep.



Questions 10 through 12

If you marked two or more boxes, you show symptoms of **GASTRO-ESOPHAGEAL REFLUX**, a disorder caused when acid from the stomach “backs up” into the esophagus during the night.

Questions 13 through 18

If you marked three or more boxes, you show symptoms of **NARCOLEPSY**, a lifelong disorder characterized by uncontrollable sleep attacks during the day.

Questions 19 & 20

If you marked one or both of these boxes, you show symptoms of **NOCTURNAL MYOCLONUS** OR **RESTLESS LEGS SYNDROME**



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