

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.
- 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.

Answers on page 2.

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

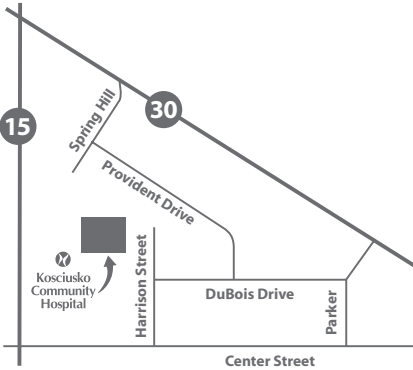
If you marked two or more boxes, you show symptoms of GASTRO-ESOPHAGEAL REFLUX, a disorder caused when acid from the stomach “backs up” into the esophagus during the night.

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



Lutheran Health Network

Kosciusko Community Hospital Sleep Center

2101 E. DuBois Drive
Warsaw, IN 46580
574.267.3200 | 800.828.5628
www.kch.com

Kosciusko Community Hospital is owned in part by physicians.