

NAME: _____ DATE: _____

SLEEP QUIZ--HOW WELL DO YOU SLEEP?

This quiz may help you recognize and detect symptoms of sleep disorders. Getting an evaluation at a sleep disorders center is the best way to determine if you have a sleep/wake disorder. To take this sleep quiz, check the box in front of the number of each statement that is true for you. To score the test, follow the directions at the end of the test.

<input type="checkbox"/> 1. I have been told that I snore.	<input type="checkbox"/> 16. I have fallen asleep while driving.
<input type="checkbox"/> 2. I have been told that I hold my breath while I sleep.	<input type="checkbox"/> 17. I often feel like I am in a daze.
<input type="checkbox"/> 3. I have high blood pressure.	<input type="checkbox"/> 18. I have experienced vivid dreamlike scenes upon falling asleep or awakening.
<input type="checkbox"/> 4. I get morning headaches.	<input type="checkbox"/> 19. I have fallen asleep in social settings such as movies or at a party.
<input type="checkbox"/> 5. I often wake up gasping for breath.	<input type="checkbox"/> 20. I have "sleep attacks" during the day no matter how hard I try to stay awake.
<input type="checkbox"/> 6. I often feel sleepy and struggle to remain alert during the day.	<input type="checkbox"/> 21. I wake up at night with an acid/sour taste in my mouth.
<input type="checkbox"/> 7. I frequently wake with a dry mouth.	<input type="checkbox"/> 22. I wake up at night coughing or wheezing.
<input type="checkbox"/> 8. I have difficulty falling asleep.	<input type="checkbox"/> 23. I have frequent sore throats.
<input type="checkbox"/> 9. Thoughts race through my mind and prevent me from getting to sleep.	<input type="checkbox"/> 24. I have heartburn at night.
<input type="checkbox"/> 10. I anticipate a problem with sleep several times a week.	<input type="checkbox"/> 25. I have been told that I kick and/or jerk during sleep.
<input type="checkbox"/> 11. I often wake up and have trouble going back to sleep.	<input type="checkbox"/> 26. When trying to go to sleep, I experience an aching or crawling sensation in my legs.
<input type="checkbox"/> 12. I wake up earlier in the morning than I would like to.	<input type="checkbox"/> 27. I experience leg pain or cramps at night.
<input type="checkbox"/> 13. I lie awake for half an hour or more before I fall asleep.	<input type="checkbox"/> 28. Sometimes I can't keep my legs still at night; I just have to move them to feel comfortable.
<input type="checkbox"/> 14. I have trouble concentrating at work or school.	
<input type="checkbox"/> 15. When I am angry or surprised, I feel like my muscles are going limp.	

Questions 1-7: If you answered YES to three or more questions, you have symptoms of **SLEEP APNEA** - a potentially serious disorder that causes you to stop breathing repeatedly, often hundreds of times in the night during your sleep.

Questions 8-14: If you answered YES to three or more questions, you have symptoms of **INSOMNIA** - a persistent inability to fall asleep or stay asleep.

Questions 15-20: If you answered YES to three or more questions, you have symptoms of **NARCOLEPSY** - a lifelong disorder characterized by sleep attacks during the day.

Questions 21-24: If you answered YES to three or more questions, you have symptoms of **GASTROESOPHAGEAL REFLUX** - a disorder caused by acid "backing up" into the esophagus during sleep.

Questions 25-28: If you answered YES to three or more questions, you have symptoms of **PERIODIC LIMB MOVEMENT DISORDER** - uncontrollable leg or arm jerks during sleep, or **RESTLESS LEGS SYNDROME** - uncomfortable feelings in the legs at night.