

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 12 months.

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, but 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, 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.

Questions 1–4: If you marked two or more boxes, you show symptoms of insomnia, a persistent inability to fall asleep or stay awake.

Questions 5–10: If you marked three or more boxes, you show symptoms of sleep apnea, a life-threatening disorder, that causes you to stop breathing repeatedly—often several hundred times per night—during sleep.

Questions 10–12: If you marked two or more boxes, you show symptoms of gastroesophageal reflux, a disorder caused when acid from the stomach "backs up" into the esophagus during the night.

Questions 13–18: 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, a disorder characterized by pain or "crawling" sensations in the legs.

This test is intended as a general source of educational information and does not contain medical advice. It should not be used for diagnosis or treatment. Only a sleep study performed at an accredited sleep center can determine if you have a specific sleep disorder.

If you'd like to schedule a sleep study or have any sleep related questions, Porter Sleep Disorders Institute is here to serve you. Call us to schedule an appointment for a sleep study today.



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