

Sleep Disorder Screening Questionnaire

Patient Name _____ Date _____

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| <input type="checkbox"/> 1 I have been told that I snore. | <input type="checkbox"/> 19 I lie awake for half an hour or more before I fall asleep. |
| <input type="checkbox"/> 2 I have been told that I stop breathing when I sleep. | <input type="checkbox"/> 20 When I am angry or surprised, I feel like my muscles go limp. |
| <input type="checkbox"/> 3 I have high blood pressure. | <input type="checkbox"/> 21 I often feel like I am in a daze. |
| <input type="checkbox"/> 4 My friends and family say that I'm grumpy and irritable. | <input type="checkbox"/> 22 I have experienced vivid dreamlike scenes. |
| <input type="checkbox"/> 5 I have fallen asleep while driving. | <input type="checkbox"/> 23 I have fallen asleep in social settings such as the movies or at a party. |
| <input type="checkbox"/> 6 I have noticed my heart pounding or beating irregularly during the night. | <input type="checkbox"/> 24 I have trouble at work because of sleepiness. |
| <input type="checkbox"/> 7 I get morning headaches. | <input type="checkbox"/> 25 I have dreams soon after falling asleep or during naps. |
| <input type="checkbox"/> 8 I suddenly wake gasping for breath. | <input type="checkbox"/> 26 I have "sleep attacks" during the day no matter how hard I try to stay awake. |
| <input type="checkbox"/> 9 I am overweight | <input type="checkbox"/> 27 I have had episodes of feeling paralyzed during my sleep or on awakening. |
| <input type="checkbox"/> 10 I seem to be losing my sex drive | <input type="checkbox"/> 28 Other than when exercising, I still experience muscle tension in my legs. |
| <input type="checkbox"/> 11 I often feel sleepy and struggle to remain alert. | <input type="checkbox"/> 29 I have noticed (or others have commented) that parts of my body jerk during sleep. |
| <input type="checkbox"/> 12 I frequently wake with a dry mouth. | <input type="checkbox"/> 30 I have been told I kick at night. |
| <input type="checkbox"/> 13 I have difficulty falling asleep. | <input type="checkbox"/> 31 When trying to go to sleep, I experience an Aching or crawling sensation in my legs. |
| <input type="checkbox"/> 14 Thoughts race through my mind and prevent me from sleeping. | <input type="checkbox"/> 32 I experience leg pain and cramps at night. |
| <input type="checkbox"/> 15 I anticipate a problem with sleep several times a week. | <input type="checkbox"/> 33 Sometimes I can't keep my legs still at night. I just have to move them to feel comfortable. |
| <input type="checkbox"/> 16 I wake up and cannot go back to sleep. | <input type="checkbox"/> 34 Even though I slept during the night, I feel sleepy during the day. |
| <input type="checkbox"/> 17 I worry about things and have trouble relaxing. | |
| <input type="checkbox"/> 18 I wake up earlier in the morning than I would like to. | |

Scoring

Questions 1-12: If you marked three or more boxes, you show symptoms of *Sleep Apnea* – a potentially serious disorder which causes you to stop breathing repeatedly, often hundreds of times in the night during your sleep.

Questions 13-19: If you marked three or more boxes, you show symptoms of *Insomnia* – a persistent inability to fall asleep or stay asleep.

Questions 20-27: If you marked three or more boxes, you show symptoms of *Narcolepsy* – a life long disorder characterized by uncontrollable sleep attacks during the day.

Questions 28-34: If you marked three or more boxes, you show symptoms of *Periodic Limb Movement Disorder* uncontrollable leg or arm jerks during sleep or *Restless Leg Syndrome* – uncomfortable feelings in the legs at night.