

## Sleep Center

## Sleep quality questionnaires

The following questionnaire will tell you if you have symptoms, which may be indicative of a sleep disorder. This information is used as an educational resource, not a medical advice. After taking this test, please take it to your physician at your next visit. You might need medical advice.

A. Sleep Apnea (snoring)
[ ] I am told I snore
[ ] I am told I stop breathing when I sleep
although I may not remember it.
[ ] I feel sleepy during daytime even though I
sleep through the night
[ ] I have high blood pressure
[ ] I am told I am a restless sleeper, and I toss
and turn a lot at night
[ ] I seat excessively during night
[ ] I frequently wake up with headaches
[ ] I suddenly wake up gasping for breath during
night
[ ] I have noticed my heart pounding or beating
irregularly during night
[ ] I have difficulty in breathing through my nose
[ ] I am overweight and/or gaining weight
[ ] I seem to be losing my sex drive
[ ] I deem to be looking my dex drive
If you checked 3 or more boxes,
you have symptom of sleep apnea
you have symptom or sleep aprica
B. Insomnia (unable to sleep):
[ ] I have difficulty initiating and maintaining
sleep
[ ] Thoughts race through my mind and this
prevents me from sleeping
[ ] I anticipate a problem with my sleeping
several times a week

[ ] I worry about things and have trouble

[ ] I have early morning awakenings

relaxing

[ ] I have conditioned myself not to sleep due to anxiety [ ] I often feel sad and depressed
If you checked 3 or more boxes, you have symptoms of insomnia
C. Narcolepsy (uncontrolled sleepiness)  [ ]I have trouble concentrating when I was in school or work  [ ]I have trouble at work because of excessive sleepiness  [ ]I have fallen asleep at inappropriate times [ ]I experience vivid, frightening nightmares and dream-like scenes upon falling asleep or wakening [ ]I often feel like I am in daze [ ]I experience loss muscle tone upon expression of strong emotions [ ]I feel like I have to cram a full day into every hour to get anything done [ ]I sometimes feel sleep paralysis when waking up or falling asleep If you checked 3 or more boxes, you have narcolepsy
D. Restless Legs Syndrome (Nocturnal Myoclonus)  [] I experience muscle tension or pain in my legs even I am relaxed and awake  [] I noticed or others have told me that parts of my body jerk  [] I am told I kick at night  [] I experienced aching or crawling sensations in my legs  [] I experienced leg pains and can not keep my
legs still at night  [ ]Even though I sleep through the night, I feel sleepy during day

## If you checked 3 or more boxes, you have Restless Leg Syndrome

<ul> <li>E. Gastro-esophageal Reflux (GI Reflux)</li> <li>[ ] I wake up with heartburn</li> <li>[ ] I have chronic cough</li> <li>[ ] I have to use antacids almost every week for stomach trouble</li> <li>[ ] My voice is hoarse in the morning</li> <li>[ ] I wake at nigh coughing and wheezing</li> <li>[ ] I have frequent sore throats.</li> <li>[ ] During night, I suddenly wake up gasping for breath</li> </ul>
If you checked 3 or more boxes, you have GI Reflux