

Sleep Services Questionnaire

Circle the number next to each statement that is true for you. If a statement does not apply or is false, leave it blank.

1. I have been told that I snore.
2. I have been told that I stop breathing while I sleep.
3. I have high blood pressure.
4. My friends and family say that I am often grumpy and irritable.
5. I wish I had more energy.
6. I sweat excessively during the night.
7. I have noticed my heart pounding or beating irregularly during the night.
8. I get morning headaches.
9. I have trouble sleeping when I have a cold.
10. I suddenly wake up gasping for breath during the night.
11. I am overweight.
12. I seem to be losing my sex drive.
13. I often feel sleepy and struggle to stay alert.
14. I frequently wake with a dry mouth.
15. I often have difficulty falling asleep.
16. Thoughts race through my mind and prevent me from sleeping.
17. I anticipate a problem with sleep almost every night.
18. I wake up during the night and cannot go back to sleep.
19. I worry about things and have trouble relaxing.
20. I wake up earlier in the morning than I would like to.
21. I lie awake for half an hour or more before I fall asleep.
22. I often feel sad and depressed.
23. I have had trouble concentrating at work and school.
24. When I am angry or surprised, I feel like my muscles are going limp.
25. I have fallen asleep while driving.
26. I often feel like I am going around in a daze.
27. I have experienced vivid dream like scenes upon falling asleep or awakening.
28. I feel like I am hallucinating when I fall asleep.
29. Naps are refreshing to me.
30. I have fallen asleep in social settings such as the movies or at a party.
31. I have trouble at work because of sleepiness.
32. I have dreams soon after falling asleep or during naps.
33. I have "sleep attacks" during the day no matter how hard I try to stay awake.
34. I have had episodes of feeling paralyzed during my sleep.
35. I wake up at night with an acid/sour taste in my mouth.
36. I wake up at night coughing or wheezing.
37. I have frequent sore throats.
38. During the night, I suddenly wake up feeling like I am choking.
39. Other than when exercising, I still experience muscle tension in my legs.
40. I have noticed (or others have commented) that parts of my body jerk
41. during my sleep.
42. I have been told that I kick at night.
43. When trying to go to sleep, I experience an aching or crawling sensation in my legs.
44. I experience leg cramps or pain during the night.
45. Sometimes I can't keep my legs still at night. I just have to move them to feel comfortable.
46. I awaken with sore or achy muscles.
47. Even though I slept during the night, I feel sleepy during the day.

SCORING THE TEST

- Questions 1-14: If you marked 3 or more of these questions, this may indicate symptoms of sleep apnea.
- Questions 15-22: If you marked 3 or more of these questions, this may indicate symptoms of insomnia.
- Questions 23-34: If you marked 3 or more of these questions, this may indicate symptoms of narcolepsy.
- Questions 35-38: If you marked 2 or more of these questions, this may indicate symptoms of gastroesophageal reflux.
- Questions 39-46: If you marked 3 or more of these, this may indicate symptoms of nocturnal myoclonus or restless leg syndrome.



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