

Sleep Self Assessment Quiz

Please check the statements that are true for you:

- I have been told that I snore.
- I have been told that I hold my breath while I sleep.
- I have high blood pressure or am taking medication to treat high blood pressure.
- My friends and family say that I'm often grumpy and irritable.
- I wish I had more energy.
- I get morning headaches.
- I often wake up gasping for breath.
- I am overweight.
- I often feel sleepy and struggle to remain alert during the day.
- I frequently wake with a dry mouth.
- I have difficulty falling asleep.
- Thoughts race through my mind and prevent me from getting to sleep.
- I anticipate a problem with sleep several times a week.
- I often wake up and have trouble getting back to sleep.
- I worry about things and have trouble relaxing.
- I wake up earlier in the morning than I would like to.
- I lie awake for half an hour or more before I fall asleep.
- I often feel sad or depressed because I can't sleep.
- When I am angry or surprised, I feel like my muscles are going limp.
- I have fallen asleep while driving.
- I often feel like I am in a daze.
- I have experienced vivid dreamlike scenes upon falling asleep.
- I have fallen asleep in social settings such as at a party or during conversations.
- I have vivid dreams soon after falling asleep or during naps.
- I have "sleep attacks" during the day no matter how hard I try to stay awake.
- I have episodes of feeling paralyzed sometimes when I'm sleeping.
- I wake up at night coughing or wheezing.
- I wake up at night with an acid/sour taste in my mouth.

- I frequently wake up with a sore throat.
- I have heartburn at night.
- During the night I suddenly wake up feeling like I am choking.
- I have noticed (or others have commented) that parts of my body jerk during sleep.
- I have been told that I kick and jerk during sleep.
- When trying to go to sleep, I experience an aching or crawling sensations in my legs.
- I experience leg pain or cramps at night.
- Sometimes I can't keep my legs still at night; I just have to move them to feel comfortable.
- I go to sleep late at night and have difficulty getting up in the morning for my daily activities.
- I go to sleep early at night but awaken early in the morning and can't get back to sleep.

SCORING: If you have **Marked 2 or MORE Boxes**, you show symptoms of a Sleep Disorder. If you are experiencing any of these symptoms, speak with your physician about a referral to MAUMELLE SLEEP SOLUTIONS. You may also call **(501) 235-8242** to schedule an appointment.

This sleep quiz is an important tool designed to both quickly and easily determine if a sleep disorder could possibly be present or be a factor in your overall health and well being. The taking of this test and the results obtained in no way substitutes for a medical assessment or diagnostic procedure.