



**Section 1**

**Insomnia**

**Yes No**

- Do you have trouble falling asleep?
- Are you bothered by thoughts that keep you from sleeping?
- Are you frightened to go to sleep?
- Do you feel depressed or sad?
- Does it take you more than a half hour to fall asleep?
- Do you awaken much earlier in the morning and are unable to fall back to sleep?

**Section 2**

**Sleep Apnea**

**Yes No**

- Do you often feel that you get too little sleep at night?
- Are you bothered by sleepy periods during the day?
- Do you remember dreaming?
- Do you snore?
- Have you fallen asleep at the wheel of a car?
- Are you bothered by nightmares?
- Are you bothered by breathing problems at night?
- Do you have unusual behavior during sleep?
- Do you usually feel tired or sleepy during the day?
- Do you have high blood pressure?
- Have you been undergoing changes in your personality?
- Do you sweat during the night?
- Do you feel you have lost interest in sex?
- Do you waken gasping for breath in the middle of the night?
- Do you have headaches in the morning?
- When you have a cold, do you find falling asleep more difficult?
- Have you ever felt your heart pounding or beating irregularly during the night?
- Have you been told that your job performance is not up to par?

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**Section 3**

**Bed Partner Questions**

Yes No

- Does your bed partner snore, and are you unable to sleep due to their snoring?
- Does your bed partner toss and turn during sleep?
- Does your bed partner stop breathing at night?

**Section 4**

**Narcolepsy**

Yes No

- Do you have difficulty concentrating at school or at work?
- Do you fall asleep during the day?
- Have you ever fallen asleep while laughing or crying?
- Do your knees get weak if you laugh or get angry?
- Have you fallen asleep during physical exertion?
- During the day, do you feel dazed as if in a fog?
- If you become angry, does your body feel limp?
- While falling asleep or awakening, have you experienced vivid dreams?
- Soon after falling asleep or awakening, have you had nightmares?
- Do you often feel that you must fill your day with activity?
- No matter how hard you try to stay awake, do you still fall asleep?

**Section 5**

**GERD**

Yes No

- Do you gasp for breath during the night?
- Do you awaken in the night coughing?
- Are you hoarse in the morning?
- Do you awaken with heartburn?
- Do you have a chronic cough?
- Are you taking antacids routinely on a weekly basis?
- Do you have frequent sore throats?

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**Section 6**

**Restless Legs/ PLMS**

Yes No

- Do you have pain that interferes with your sleep?
- Do you awaken with muscle aches?
- Do you have muscle tension in your legs, even outside of exercise?
- Do you kick in bed at night?
- Even though you sleep at night, do you awaken feeling tired?
- Have you experienced a sensation of “crawling” or aching in your legs?
- At night, do you feel the need to move your legs?

**Section 7**

**Seizure**

Yes No

- Have you ever been told you have Epilepsy?
- Have you ever had a witnessed Seizure?
- Do you have relatives with Epilepsy?
- Have you ever bitten your tongue or urinated on yourself at night?
- Has your bed partner witnessed you having unusual behavior at night?

**Section 8**

**Parasomnia**

Yes No

- Have you ever been told you sleepwalk?
- Do you talk in your sleep?
- Have you ever been told you wake up at night in extreme terror?
- Do you consume food in your sleep?
- Do you grind your teeth at night?
- Have you ever been told you act out your dreams in your sleep?
- Have you ever injured yourself or others during violent behavior while asleep?