

Self-Screening for Sleep Problems

If you have experienced any of the following symptoms in the last year, place a check mark beside the number.

	1. I have difficulty falling asleep.
	2. Thoughts race through my mind and this prevents me from sleeping.
	3. I am afraid to go to sleep.
	4. I wake up during the night and can't go back to sleep.
	5. I worry about things and have trouble relaxing.
	6. I wake up earlier in the morning than I would like to.
	7. I lie awake for a half hour or more before I fall asleep.
	8. I feel sad and depressed.
	9. I've been told that I snore.
	10. I've been told that I stop breathing while asleep, although I don't remember this when I wake up.
	11. I have high blood pressure
	12. My family and friends say that they have noticed a change in my personality.
	13. I am gaining weight.
	14. I sweat excessively during the night.
	15. I have noticed my heart beating irregularly or pounding during the night.
	16. I have morning headaches.
	17. I have trouble sleeping when I have a cold.
	18. I suddenly wake up unable to breath throughout the night.
	19. I am overweight.
	20. I have lost interest in sex.
	21. I feel sleepy during the daytime.
	22. I have fallen asleep at school.
	23. When I get angry or surprised, my body feels limp.
	24. I have fallen asleep driving.
	25. I remember having vivid dreams as I fall asleep.
	26. I feel like I am walking around in a daze.
	27. I have fallen asleep while working.
	28. I have fallen asleep when laughing or crying.
	29. I have fallen asleep eating.
	30. I feel like I have to cram activities into every hour to get work done.
	31. I nap frequently and wake refreshed.
	32. I fall asleep no matter how hard I try to stay awake.
	33. I remember having vivid nightmares when I go to sleep..
	34. I fall asleep during the day when I feel that I have slept enough the night before.
	35. I have felt like I can't move when I fall asleep or wake up.
	36. I wake up at night with heartburn.
	37. I have a chronic cough.
	38. I wake up frequently with a dry mouth.
	39. I use antacids almost every week for stomach trouble.
	40. I wake up at night wheezing or coughing.
	41. Frequently I have a sore throat.
	42. During the night, I suddenly wake up and am unable to go back to sleep.
	43. I have muscle cramps in my legs.
	44. I often feel that I have to move my legs and can't keep them still.
	45. I have been told that I kick my legs throughout the night.
	46. I awaken with sore muscles.
	47. I awaken with leg pains at night.
	48. Even though I have slept eight hours, I am sleepy at various times in the daytime.
	49. In the morning when I awaken my bed covers are a mess.
	50. I frequently feel muscle tension in my legs even when I am not exercising.