



## Sleep Disorder Self-Assessment

1. Do you have difficulty falling asleep?
2. Do you wake up often during the night?
3. Have you been told that you snore?
4. Have you been told that you stop breathing while asleep?
5. Do you have a problem with daytime sleepiness?
6. Do you wake up feeling rested?
7. Are you a restless sleeper, tossing and turning at night?
8. Do you do anything unusual in your sleep (walk, talk, etc.)?
9. Do you sweat excessively when you sleep?
10. Do you frequently wake up with headaches?
11. Do you feel short of breath during the day or at night?
12. Have you been told your legs kick or move while you sleep?
13. Do you often have pain, cramps or discomfort in your legs?
14. Do you often wake up with heartburn?

**If you answered yes to any of these questions, please schedule a sleep disorder consultation with us.**