Sleep Disorder Screening Test

1.	Gende	r: male female	2.	Date of brith:		month		day		year
3.	Height	feet inches	4.	Weight		pounds				
5.	BMI:	for office use only								
6а	Describ	be any past or present sleeping problems in detail:								
6b	List any	y medications you take on a regular basis:								
		ng the Cause - Thinking only about the last 4 ws an *, ignore the 4 week time frame.	veek	s, check any o	f the fo	llowing	statem	nents th	nat are TR	UE.
7.										
8.	I was tired all the time.									
9.		At least once a week, I had no energy.								
10.		I could have easily taken a nap before dinner.								
11.		I had trouble concentrating.								
12.		I fell asleep at work or school.								
13.		My memory wasn't as good as it used to be.								
14.		I frequently fell asleep while watching TV.								

15.	I was tired for no reason.
16.	I had less energy than I used to have and want to have.
17.	I did not enjoy the things that I used to.
18.	I didn't want to be around other people.
19.	I felt lonely.
20.	I felt that I am not useful or needed.
21.	I felt hopeless about the future.
22.	Almost every day I felt sad, hopeless, discouraged or listless.
23.	I often felt weak.
23.	I often felt weak. I have gained weight or have been having more trouble losing weight.
24.	I have gained weight or have been having more trouble losing weight.
24	I have gained weight or have been having more trouble losing weight. My hair has become coarse and dry and/or is falling out.
24 25 26	I have gained weight or have been having more trouble losing weight. My hair has become coarse and dry and/or is falling out. My skin has become dry, rough and pale.
24	I have gained weight or have been having more trouble losing weight. My hair has become coarse and dry and/or is falling out. My skin has become dry, rough and pale. The cold bothered me more than most people.

31.	I was unable to stay awake past 7 or 8 pm.
32.	I was unable to fall asleep before 1 or 2 am.
33.	I had more energy in the morning than at any other time of day.
34.	I worked swing shifts.
35.	I got a second wind in the evenings.
36.	I tended to feel sluggish mid-afternoon around 2 to 3 pm.
37.	I often woke up at 3 to 4 am and couldn't get back to sleep.
38.	I had trouble feeling awake before 9 or 10 am.
39.	Sometimes I woke up with a sore throat.
40.	I got daytime heartburn from certain foods.
41.	Sometimes I got a burning sensation in my chest when I lay down.
42.	Sometimes I woke up choking.
43.	Sometimes when I burped or ate too much, acid or food particles backed up into my mouth.
44.	Sometimes I got a pain in my abdomen when I felt stressed, anxious or under pressure.
45.	I thought I might have developed an ulcer.
46.	Certain food or drink made me gassy or bloated.

47.	I have been told that I snored, snorted or stopped breathing while I was sleeping.
48.	I have been told that I thrashed about a lot when I was sleeping.
49.	I made more than 2 trips to the bathroom most nights.
50.	I slept propped up on 2 or more pillows.
51.	I don't recall having any dreams.
52.	I had a lower sex drive than I used to or wanted to.
53.	*I am a male/female with a neck circumference of 17½ / 16½ inches or more.
54.	* I have gained at least 20 pounds in a six to twelve month period and haven't been able to lose it.
55.	I often woke up with a dry mouth.
56.	I had trouble sleeping if I had a cold.
57.	At least once a week, I slept in a recliner.
58.	At least twice a month, I had a stuffy nose when I woke up.
59.	At least twice a month, I woke up during the night coughing.
60.	At least twice a month, I woke up during the night gasping or short of breath.
61.	At least twice a month, I woke up wheezing or with a tight feeling in my chest.
62.	At least twice a month, you slept with a window open even if it was cold outside.

63.	I could recall dreaming a lot.
64.	I slept through the phone ringing.
65.	I found that using the computer helped keep me awake.
66.	I found myself falling asleep during the day no matter how hard I tried to stay awake.
67.	I seemed to need more than 10 to 12 hours of sleep every night.
68.	No matter how much I slept during the night, I still felt sleepy during the day.
69.	Even if I set an alarm clock, I had trouble getting up in the morning.
70.	* I have had trouble keeping a job because I am always late for work.
71.	I had pain from arthritis, tendonitis, neuralgia or carpal tunnel syndrome.
72.	I had pain from fibromyalgia or chronic fatigue syndrome.
73.	I had general body aches at bedtime.
74.	I had specific joint or limb pain at bedtime.
75.	I woke up during the night because of pain.
76.	I woke up in the morning with specific joint or limb pain.
77.	I work up in the morning with general body aches or stiffness.
78.	I woke up during the night or in the morning with neck or back pain that I did not have when I went to bed.

79.	At least once a week, I anticipated that I would have trouble falling asleep.
80.	At least once a week, I had trouble turning off my thoughts while trying to fall asleep.
81.	At least once a week, I had trouble falling asleep.
82.	At least once a week, I worried about not being able to fall asleep.
83.	At least once a week, I woke up after a few hours of sleep and had trouble going back to sleep.
84.	At least once a week, I lay awake in bed for more than 30 minutes before I fell asleep.
85.	I did not have trouble falling asleep if I was on vacation or on weekends.
86.	I liked to lie in bed and read or watch TV until I fell asleep.
87.	Sometimes when I was laughing or surprised, I felt my muscles were going limp.
88.	Sometimes when I was angry or afraid, I felt my muscles were going limp.
89.	I often felt like I was going around in a daze.
90.	I experienced vivid dream-like scenes without realizing that I was asleep.
91.	I could easily have taken a nap at just about any time of the day.
92.	I had dreams almost immediately after falling asleep at night, during naps or just before I woke up.
93.	I sometimes fell asleep during the day no matter how hard I tried to stay awake.
94.	I had episodes of feeling paralyzed just as I was falling asleep or waking up.

95.	At least once a month, a cramp in one of my legs woke me up.
96.	At least once a month, non-cramp related pain in one of my legs woke me up.
97.	At least once a week, I woke up with sore or achy muscles.
98.	I have been told that I kick at night.
99.	I have been told that parts of my body jerked when I was sleeping.
100	At least once a week, I had an aching or creepy crawly feeling in my legs while I was falling asleep.
101	At least once a week, I had an aching or creepy crawly feeling in my legs during the day.
102	At least once a week, I couldn't keep my legs still at night. I had to move them or get up and walk around to feel comfortable.
103	I was told that I ground my teeth while sleeping.
104	I was told that I walked in my sleep.
105	I was told that I talked in my sleep.
106	I had a terrible nightmare.
107	I woke up screaming in fear.
108	I remember occasionally acting out my dreams.
109	I sometimes woke up with a sore jaw or a pain in my temples.