

# Take the Sleep Test

This quick test can help determine the quality of your sleep. If you experience any of the following symptoms on a regular basis, check the box beside each question which applies to you.

- 1. I've been told that I snore loudly.
- 2. I've been told that I stop breathing or gasp for breath while I sleep, although I don't remember this when I wake up.
- 3. I have high blood pressure.
- 4. My friends and family say they have noticed changes in my personality.
- 5. I sweat excessively during the night.
- 6. I get morning headaches.
- 7. I seem to be losing my sex drive.
- 8. No matter how hard I try to stay awake, I still fall asleep — even after a full night's sleep.
- 9. When I experience strong emotions such as anger, fear, or surprise, I go limp.
- 10. I have fallen asleep while driving — even after a full night's sleep.
- 11. I experience vivid dreamlike scenes upon, or soon after, falling asleep.
- 12. I have fallen asleep during physical effort.
- 13. I feel as though I have to cram a full day into every hour to get anything done.
- 14. I have trouble at work or school because of sleepiness.
- 15. I often feel totally paralyzed (unable to move) for brief periods when falling asleep or just after awakening.
- 16. Even though I slept through the night, I still feel sleepy during the day.
- 17. I experience aching or creepy crawly sensations in my legs, especially in the evening.
- 18. I have been told that I kick at night.
- 19. I experience leg pain during the night.
- 20. Sometimes, I can't keep my legs still at night. I just *have* to move them.
- 21. Thoughts race through my mind and this prevents me from sleeping.
- 22. I wake up during the night and can't go back to sleep.
- 23. I worry about things and have trouble relaxing.
- 24. I wake up earlier in the morning than I would like to.
- 25. I lie awake for half an hour or more before I fall asleep.
- 26. I feel sad and depressed; I feel afraid to go to sleep.

# Score Yourself!

**Questions 1 through 8** describe symptoms experienced by people with *SLEEP APNEA*, a potentially life-threatening disorder which causes you to stop breathing repeatedly — often several hundred times per night — during your sleep.

**Questions 8 through 16** describe symptoms experienced by people with *NARCOLEPSY*, a lifelong disorder characterized by uncontrollable sleep attacks during the day.

**Questions 16 through 20** describe symptoms experienced by people with *PERIODIC LIMB MOVEMENT DISORDER (NOCTURNAL MYOCLONUS)* or *RESTLESS LEGS SYNDROME*, a disorder characterized by pain or “crawling” sensations in the legs.

**Questions 21 through 26** describe symptoms experienced by people with *INSOMNIA*, a persistent inability to fall asleep or stay asleep.

If you show symptoms of any of the disorders listed above, the Sleep Center at St.Vincent Healthcare can help you.

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Remember, the test you have just completed describes symptoms that are similar to those of individuals with sleep disorders. It is intended as a general source of educational information and should not be used for diagnosis or treatment.

If you think you may have a sleep disorder, speak with your personal physician or call the Sleep Center, where you can be assured that you will get an in-depth evaluation by highly qualified medical personnel.

## Sleep Center Physicians

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