




What's Your Sleep IQ?



Name: _____

Age: _____ Sex: M F

Have you ever been diagnosed with a sleep disorder?

If yes, what and when was the diagnosis?

We've all **felt tired** before, whether it be the result of late nights, early mornings, working hard or playing hard. But for many people, feeling tired isn't an isolated incident; it's a way of life. **The good news is it doesn't have to be.** Several forms of treatment exist and each is unique to the individual. This questionnaire will tell us a little more about your situation and, if necessary, allow us to identify an approach that will help you **sleep better.**

The following questions deal with your night-time habits.

- Do you snore at night? Y N
- Does your partner snore at night? Y N
- Do you wake up in the middle of the night gasping for air? Y N
- Does your partner wake gasping for air? Y N

- Do your legs kick at night? Y N
- Do your bed partner's legs kick at night? Y N

The following questions deal with daily routines.

Use the following scale to tell us how likely you are to **fall asleep** in each situation. Please consider your usual way of life in recent times. Even if you have not been in some of these situations recently, try to work out how often they would have affected you.

- 0= would never doze
 1= slight chance of dozing
 2= moderate chance of dozing
 3= high chance of dozing

Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (a movie theater or meeting for example)	0	1	2	3
As a passenger in a car for one hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car while stopped briefly during traffic	0	1	2	3
Total score				
0 – 8 indicates that the patient is normal 9 – 12 indicates that the patient is possibly sleepy 13 or higher indicates that the patient is abnormally sleepy				