



Do You Have a Sleep Disorder?

Check how often these happen to you during sleep. Print a copy and bring it to your doctor.

N - NEVER	R- RARE	O- OCCASIONALLY	M – MOST TIMES	A - ALWAYS
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	N	R	O	M	A
Does your sleep problem affect your work or social life?					
How much does your sleep problem bother you?					
Do you have trouble falling asleep?					
Do you wake up often during the night?					
Do you wake up too early?					
Do you take anything to help you sleep?					
Do you use alcohol to help you sleep?					
Do you have any illness that disrupts your sleep?(pain, recent surgery, etc.)					
Have you lost interest in hobbies or activities?					
Do you feel sad, irritable, or hopeless?					
Do you feel nervous or worried?					
Do you snore?					
Has anyone said that you stop breathing, gasp, snort, or choke in your sleep?					
Do you wake up unrefreshed?					
Do you have difficulty staying awake during the day?					
Are your legs restless and/or uncomfortable around bedtime?					
Have you been told that you are restless or that you kick your legs in your sleep?					
Do you have any unusual behaviors or movement during sleep?					
Are you a shift worker or is your sleep schedule irregular?					

Epworth Sleepiness Scale

What would your chance of dozing be in the following situations?



0 – Never

1 – Slight Chance

2 – Moderate

3 – High

Situation	Chance
Sitting and reading	
Watching TV	
Sitting inactive in a public place (e.g. a theatre / meeting)	
As a passenger in a car for an hour w/o a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
TOTAL	0

If you scored:

1 - 6 Congratulations, you are getting enough sleep!

7 - 8 Your score is average

9 + Seek the advice of a sleep specialist without delay

Insomnia Severity Index

Indicate which best describes your situation for the past 2 weeks.

0 - None

1

2

3

4 - Severe

Difficulty falling asleep	
Difficulty staying asleep	
Problems waking up too early	
How satisfied/dissatisfied are you with your current sleep pattern?	
How noticeable to others do you think your sleep problem is in terms of impairing the quality of your life?	
How worried/distressed are you about your current sleep problem?	
To what extent do you consider your sleep problem to interfere with your daily functioning currently?	
TOTAL	

0 - 4	Not Clinically Significant	15	21	Moderate Clinical Insomnia
8 - 14	Subthreshold	22	28	Severe Clinical Insomnia