Sleep Disorder Screening Questionnaire

Patient Name_____________________________________ Date____________

Scoring

Questions 1-12: If you marked three or more boxes, you show symptoms of Sleep Apnea – a potentially serious disorder which causes you to stop breathing repeatedly, often hundreds of times in the night during your sleep.

Questions 13-19: If you marked three or more boxes, you show symptoms of Insomnia – a persistent inability to fall asleep or stay asleep.

Questions 20-27: If you marked three or more boxes, you show symptoms of Narcolepsy – a life long disorder characterized by uncontrollable sleep attacks during the day.

Questions 28-34: If you marked three or more boxes, you show symptoms of Periodic Limb Movement Disorder uncontrollable leg or arm jerks during sleep or Restless Leg Syndrome – uncomfortable feelings in the legs at night.