

# The Sleep Center at Jones Memorial Hospital

## Sleep Disorder Questionnaire

Complete the following & share the results with your primary care provider.

How likely are you to fall asleep in the following situations?  
Think about the past few months and use the following scale:

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

SCORE

Sitting and reading	
Watching TV	
Sitting, inactive in a public place like a theater or a meeting	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch, without alcohol	
In a car, stopped for a few minutes	
<b>ANSWER YES OR NO</b>	<b>Y or N</b>
Do you often feel sleepy during the daytime?	
Has anyone every told you that you stop breathing during sleep?	
Do you snore or has anyone told you that you snore?	
Do you ever have a choking or gasping sensation during sleep?	
Do you kick your legs during sleep?	

### Tips to Better Sleep

Go to bed & wake up at the same time every day • Create a relaxing bedtime routine • use the bedroom only for sleep • Get out of bed & do something relzing if you haven't fallen asleep within 15 to 20 minutes • Avoid daytime naps • Keep your room cool • Consider blackout shades/curtains, eye masks, earplugs or a whitenoise machine • Limit caffeine intake and avoid it within four to six hours of your bedtime • Avoid alcohol within four to six hours of bedtime • Exercise, but finish at least three hours before bedime • Eating or drinking too much shortly before bed interferes with falling & staying asleep.