



INSOMNIA RISK ASSESSMENT QUIZ

800 North Fant Street, Anderson, South Carolina 29621

Answer the questions below and share your results with your doctor who can determine whether you are at risk for a sleep disorder and can prescribe a sleep study.

- I have difficulty falling asleep. Yes No
- Thoughts race through my mind and prevent me from sleeping. Yes No
- I feel afraid to go to sleep. Yes No
- I wake up during the night and can't go back to sleep. Yes No
- I worry about things and have trouble relaxing. Yes No
- I wake up earlier in the morning that I would like. Yes No
- I lie awake for half an hour or more before I fall asleep. Yes No
- I feel sad and depressed. Yes No
- I've been told that I snore. Yes No

If you marked *Yes* three or more times, you may show symptoms of *Insomnia*, a persistent inability to fall asleep or stay asleep.

This questionnaire is meant to be a source of education to help you and your physician decide if you need help or further evaluation. It should not be used for diagnosis or treatment purposes.

If you show symptoms of a sleep disorder for more than two weeks, please take this form to your physician.