Listed below are some questions concerning your sleep quality and sleep habits. When answering, consider your overall sleep for the past 30 days and not just from the previous night.

1. Do you have difficulty falling or staying asleep? □ Yes □ No
2. Do you have difficulty staying awake during the daytime (excessive sleepiness)? □ Yes □ No
3. Do you have difficulty sleeping during normal sleep hours at nighttime? □ Yes □ No
4. Do you have abnormal behaviors during sleep which disrupt sleep, or do you have unrefreshing sleep? □ Yes □ No
5. Do you wake up gasping, gagging, or choking for air during sleep? □ Yes □ No
6. Do you snore? □ Yes □ No
7. Do you feel an uncontrollable urge to move your legs while you are lying in bed? □ Yes □ No
8. Do you feel irritable or sleepy during the day? □ Yes □ No
9. Do you have difficulty staying awake when sitting still, such as when watching television or reading? □ Yes □ No
10. Do you have difficulty paying attention or concentrating at work, school, or home? □ Yes □ No
11. Do you perform below your potential in work, school, or sports? □ Yes □ No
12. Do you often get told by others that you look tired? □ Yes □ No
13. Do you have difficulty with your memory? □ Yes □ No
14. Do you feel like taking a nap almost every day? □ Yes □ No
15. Do you require caffeinated beverages to keep yourself going? □ Yes □ No

**Scoring:** For each ‘yes’ count one point.
- **0–3 points:** You are probably doing very well, however seek medical advice if you are concerned about any symptoms you may have
- **4–6 points:** You should consider discussing your sleep with your health care provider
- **7+ points:** We strongly encourage you to speak with your health care provider.

*Note:* This assessment is an educational tool and is not meant to provide medical advice, diagnosis, or treatment of sleeping disorders. It is not a substitute for professional advice. Please seek professional advice if you are concerned about your sleep or any other health issue.