

# *Sleeping in the Swamp*

## *Sleep Self-Assessment*

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 you 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.