## Test Your Sleep!

Get started with a few questions.

Mark your score using these values:
$0=$ NEVER 1 = SLIGHT CHANCE
2 = MODERATE 3 = VERY LIKELY

## Falling Asleep

How likely are you to doze off in these situations?
___ Sitting and reading Watching TV
Sitting in a public place
___ Riding in a car, train or plane Lying down in the afternoon Sitting and talking
$\qquad$ Sitting quietly after drinking alcohol In a car stopped for traffic

A score of 8 or higher indicates you may have a sleep disorder.

## The Snore Score

___ How often are you told you snore?
Does your snoring affect your bed partner? Does your snoring affect others in the house?

A score of 2 or more indicates your snoring may be related to a sleep disorder.

Is it Apnea?
$\qquad$ Have you been told you stop breathing between snores? Have you been suddenly awakened by your own snoring? Have you awakened from sleep with a gasping or choking sensation.

A score of 2 or more indicates you may have sleep apnea. Review your scores with your doctor.

