



## INSOMNIA RISK ASSESSMENT QUIZ

Sleep Center

800 North Fant Street, Anderson, SC 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**” to 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.