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A Quick Sleep Questionnaire

Do you? or Have been told that you? Please put check marks for positive answers.

- Snore heavily?
- Have long pauses in your breathing while you sleep?
- Wake up gasping, choking, or short – of – breath?
- Often awake with a headache that soon goes away?
- Fall asleep when you don't want to (meetings, at stoplights, driving, talking on the phone, etc.)?
- Feel tired in the morning, even after sleeping all night?
- Find your sleepiness effects your work or social life?
- Snore so loudly your sleep partner has moved to another room?
- Sometimes experience sudden muscle weakness or buckling of the knees in connection with laughing or strong emotion?
- Have vivid dreams, often early in the night, that are hard to tell apart from reality?
- Sometimes awaken and find you are completely unable to move your body for a short period of time?
- Drink caffeinated beverages such as coffee to stay awake often?