

SLEEP QUIZ

How is Your Sleeping?



1.	Do you consistently take more than 30 minutes each night to fall asleep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Do you consistently awaken more than a few times a night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do you consistently awaken for long periods of time each night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Do you take frequent naps during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Do you often feel sleepy during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Do you wake up and feel tired the rest of the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Do you fall asleep at inappropriate times during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you have a difficult time going back to sleep after you have awakened during the night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Do you snore loudly when you sleep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Do you wake up early in the night and can't fall back asleep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to any of the above sleeping problems and are having consistent problems getting restful sleep, make an appointment with your doctor to discuss the sleeping problems you have. Do not delay, because restful sleep is essential for health and safety.