## SLEEP QUIZ

## Are you one of the 40 million American adults who have trouble sleeping?

If you think you may not be getting the sleep you need, please answer the questions below and discuss the results with your doctor.

1.	Do you have trouble falling asleep or staying asleep, or do you feel poorly rested in the morning?			
	☐ Never	☐ Sometimes	☐ Usually	☐ Always
2.	Do you fall asleep unintentionally or fight to stay awake during the day?			
	☐ Never	☐ Sometimes	☐ Usually	☐ Always
3.	Do sleep problems or daytime sleepiness interfere with your daily activities?			
	☐ Never	☐ Sometimes	☐ Usually	☐ Always
4.	Do work or other activities prevent you from getting enough sleep?			
	☐ Never	☐ Sometimes	☐ Usually	☐ Always
5.	Is your sleep disturbed by:			
	Pain			
	☐ Never	☐ Sometimes	☐ Usually	☐ Always
		sical problems		
	☐ Never	☐ Sometimes	Usually	☐ Always
	Worries			
	☐ Never	☐ Sometimes	☐ Usually	☐ Always
	*	e specify)		
	☐ Never	☐ Sometimes	☐ Usually	☐ Always
7.	How many nights in the past 4 weeks did you have trouble falling asleep or staying asleep?  ☐ 0 nights ☐ 1-5 nights ☐ 6-15 nights ☐ > 15 nights			
8.	Approximately how many total hours of sleep do you actually get each night, not counting time awake?  ☐ < 6 hrs ☐ 6-8 hrs ☐ 8-10 hrs ☐ > 15 hrs			