

## Sleep Quiz

Please take to following quiz. You may print your results and bring to your physician if you have any questions.

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|---|-----|----|
| 1. Are you overweight?  | Yes | No |
| 2. When you wake up, do you often feel tired or fatigued?                     | Yes | No |
| 3. During your wake time, do you often feel tired, fatigued or not up to par? | Yes | No |
| 4. In a given week, is it common for you to fall asleep while driving?        | Yes | No |
| 5. Do you have high blood pressure?   | Yes | No |
| 6. Do you have a history of heart disease or stroke?                          | Yes | No |
| 7. Do you snore?  | Yes | No |
| 8. If you snore, do you snore multiple nights per week?                       | Yes | No |
| 9. Has your snoring ever bothered other people?                               | Yes | No |
| 10. Has anyone ever noticed that you quit breathing during your sleep?        | Yes | No |

If you answered yes to four or more questions, you are at risk of having a sleep disorder. Talk to your physician or call Sleep Care at 419-678-ZZZZ (9999) for further evaluation.