## Lisa Whims-Squires, DO 1305 S. Fort Harrison Avenue, Building G Clearwater, FL 33756

P (727) 466-9847

F (727) 466-0346

A good sleep is important to your well-being. Since most people spend roughly one-third of their lives asleep, it's easy to see how the quality of sleep directly affects the quality of your life. 1 in 3 Americans has a sleep disorder which makes sleeping or waking hours miserable. Many of these people suffer needlessly because they are unaware that a problem exists. Once detected, most sleep disorders can be corrected. If you have experienced any of the following symptoms in the last year, check the box YES. When referring to night, assume that this means during sleep.

Name:		
Date:		

Section 1:		NO
<ol> <li>I have difficulty falling asleep.</li> </ol>		
2. Thoughts race through my mind and this prevents me from sleeping.		
3. I feel afraid to go to sleep.		
4. I wake up during the night and have trouble falling back asleep.		
5. I worry about things and have trouble relaxing.		
6. I wake up earlier in the morning than I would like.		
7. I lie awake for 30 minute or more before I fall asleep.		
8. I feel sad and depressed.		
Section 2:		NO
9. I have been told that I snore.		
10. I have been told that I stop breathing sometimes when I sleep.		
11. I have been told my blood pressure is high.		
12. I have been told by friends/family that my personality has changed.		
13. I am gaining weight.		
14. I feel that I sweat more than I should at night.		
15. I have notice my heart pounding during the night.		
16. I get morning headaches.		
17. I have trouble sleeping when I have a cold.		
18. I wake up suddenly some night gasping for breath.		
19. I am overweight.		
20. I am losing my sex drive.		
21. I feel sleepy during the day even when I sleep through the night.		

Section 3:		NO
27. I have had trouble concentrating in school/work.		
28. When I am angry or surprised, I feel like I'm going limp.		
29. I have fallen asleep while driving.		
30. I feel like I go around in a daze.		
31. I have experienced vivid dream-like scenes upon falling asleep/waking.		
32. I have fallen asleep during physical effort (eating meal, exercise, etc).		
33. I feel like I am hallucinating when I fall asleep.		
34. I like to cram a full day into every hour to get everything done.		
35. I have fallen asleep when laughing or crying.		
36. No matter how hard I try to stay awake, I fall asleep anyway.		
37. I sometimes feel like I am unable to move waking up or falling asleep.		
Section 4		NO
38. Other than when exercising, I still experience muscle tension in my legs.		
39. I have noticed (or others comment) that parts of my body jerk.		
40. I have been told that I kick at night.		
41. I experience aching/"crawling" sensations in my legs.		
42. I experience leg pain during the night.		
43. Sometimes I can't keep my legs still at night. I just have to move them.		
44. I awaken with sore or achy muscles.		

## Questions about your habits:

WEEKDAY: BEDTIME: WAKE UP: NAPS:

WEEKEND: BEDTIME: WAKE UP: NAPS:

WORK HOURS: I WORK SHIFTS: YES NO