

Jamison: Patient Education and Wellness

HANDOUT 11.1: SELF-CHECK FOR A SLEEP PROBLEM

Are you sleep deprived? See <http://www.webmd.com/video/breus-sleep-deprived>

The following quiz will help you decide if you have a sleep problem.

Please tick the items that best describe your behaviour:

- ☐ I take more than 30 minutes to fall asleep
- ☐ I have frequent awakenings during the night
- ☐ I have prolonged awakenings during the night
- ☐ I wake too early in the morning and can't get back to sleep
- ☐ I awake feeling tired or unrefreshed
- ☐ I experience problem daytime sleepiness. Check this item if you:
 - ☐ have a tendency to doze during the day
 - ☐ have difficulty staying awake when doing routine tasks
 - ☐ often feel drowsy
 - ☐ occasionally accidentally fall asleep
 - ☐ nap on most days
 - ☐ nap more than once a day
- ☐ My daytime sleepiness interferes with my work/life. I
 - ☐ have a poor attention span
 - ☐ am forgetful
 - ☐ have difficulty concentrating/learning
 - ☐ have mood changes
 - ☐ am irritable
 - ☐ have increased performance errors
 - ☐ have accidents at home/work/leisure due to a poor attention span

The more items ticked, the more pronounced your sleep problem.

If you think you have a sleep problem, ask your health care practitioner to provide you with Handout 11.2 to help you identify the nature of your problem.

See also <http://www.nhlbi.nih.gov/cgi-bin/tfSleepQuiz.pl>

For an further information see:

<http://www.mayoclinic.com/health/insomnia/DS00187>

<http://www.aafp.org/afp/991001ap/991001c.html>

<http://www.aafp.org/afp/990501ap/990501d.html> – for older people