

Sleep Wellness Assessment Questionnaires

Select the symptoms you had in the recent week

At your bedtime	Yes	No
1. Hard to fall sleep		
2. Had unpleasant symptoms in legs and needed to move legs to relieve those feelings		
3. Had hallucinate dream while falling asleep		
During sleep	Yes	No
4. Snoring		
5. Witnessed apnea		
6. Choking air		
7. Teeth gridding		
8. Hard to stay asleep		
9. Wake up to urinate at night more than 1 time/night		
10. Act out of dream such as punching, kicking		
11. Frequent move leg(s)		
After wake up	Yes	No
12. Wake up with dry mouth and dry throat		
13. Wake up too early		
14. Could not move body after wake up		
15. Morning headache		
16. Excessive daytime fatigue or sleepiness		
17. Drowsy driving		
18. Poor attention and/or memory impairment		
19. Sudden loss of tone or falling after laughing		

These symptoms might be represented of you hidden issues. More than half of the results strongly suggested the following disorders.

1. Insomnia: 1, 8, 13
2. Obstructive sleep apnea syndrome: 4, 5, 6, 7, 9, 12, 15, 16, 17, 18
3. Restless leg syndrome or periodic limp movement disorder during sleep: 2, 11
4. Narcolepsy: 3+14+19
5. REM sleep related behavior disorder: 10

You might be needed to undergo further management under a supervision of a Sleep specialist.