

Sleep Problem Screening Tool for Adults

Answer Yes or No to the following questions by indicating 1 or 0 in the appropriate column.	Yes (1)	No (0)
Is your Epworth Sleepiness Scale (ESS) 9 or higher?		
Do you gasp, choke or stop breathing during your sleep?		
Do you snore loudly, have high blood pressure or are you overweight?		
Do you feel creepy crawling sensation in your legs when lying down?		
Do you feel tired and sleepy while driving?		
Do your arms or legs jerk or twitch during sleep?		
Do you wake up more than once per night?		
Do you frequently wake up with a headache, sore throat, or feel tired and lethargic after sleeping?		
Do you find it hard to fall asleep 3 or more times per week?		
Do you wake up before your alarm and feel frustrated because you can't get back to sleep?		
Do you have nightmares 1 or more times per week?		
As you fall asleep or wake up do you ever feel paralyzed?		
Do you regularly take something to help you fall asleep? (e.g., OTC, herbal, prescription, alcohol)		
Do you sleep less than 6 hours or more than 9 hours per day?		
Total Yes		

Should you seek help for your sleep?

Score	What To Do
1 - 2	Speak to your medical doctor about your “Yes” answers on your next visit.
3 - 6	Make an appointment with your medical doctor in the next month to discuss your “Yes” answers.
7 - 14	Make an appointment with your medical doctor within the next week to discuss a referral to a sleep clinic. If your medical doctor does not refer you to a sleep clinic, change doctors immediately and repeat this step.

Note that the Sleep Problem Screening Tool for Adults is for educational purposes only and cannot diagnose a sleep disorder or replace the services of a qualified health practitioner.