



McDaniel Sleep Center

1-800-255-4892

Do I Need a Sleep Evaluation?

Name: _____

Address: _____

Height: _____ Weight: _____ Age: _____ Sex: _____

- Do you have trouble falling asleep?
- Do you have trouble staying asleep?
- Do you have a creepy, crawly feeling in your legs?
- Do you get a good night's sleep and still feel tired during the day?
- Do you fight to stay awake during the day?
- Do you wake up with headaches?
- Do you need to take naps during the day?
- Have you been told you snore or have woken yourself up snoring?
- Has someone witnessed you stop breathing or struggling to breathe while you were sleeping?
- Have you woken up from sleep to catch your breath?

If you answered "Yes" to any of these questions, you may benefit from a sleep study. Please take this questionnaire with you to see your physician.