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Could I have a Sleeping Problem?

Name _____

Date: _____

Sleep disorders affect thousands of Americans of all ages. They can diminish the quality of life and personal health, as well as endangering public safety through their contribution to traffic and industrial accidents. Sleep disorders can be diagnosed and treated by your Physician.

- | | | |
|---|------------------------------|-----------------------------|
| Have you been told you snore? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been told you stop breathing at night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been told you toss and turn all night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you sleepy during the day after sleeping all night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have high blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you overweight or gaining weight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you perspire at night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have muscle tension in your legs when relaxed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been told you kick or jerk during the night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you experience leg pain during the night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you experience achy or crawly sensations in your legs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel like you are walking around in a daze? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you fallen asleep while driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you fallen asleep while laughing or crying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have trouble concentrating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| No matter how hard you try to stay awake, do you still fall asleep? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you awaken in the morning with headaches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have trouble at school/work because of sleepiness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How many questions have you answered yes? _____

If you answered yes to 5 or more of the above questions you are at high risk for Sleep disorders.