

 **LENOIR**  
UNC HEALTH CARE  
McDaniel Sleep Center  
252-522-7240

***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.**