

Please take this Quick & E-Z Sleep Test to evaluate the quality of your sleep:

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| <input type="checkbox"/> Excessive daytime sleepiness? | <input type="checkbox"/> Sudden daytime loss of muscle tone? |
| <input type="checkbox"/> Snoring, gasping for breath? | <input type="checkbox"/> Falling asleep while driving? |
| <input type="checkbox"/> Leg movements while asleep? | <input type="checkbox"/> Unusual behavior during sleep? |
| <input type="checkbox"/> Sleepwalking or sleep talking? | <input type="checkbox"/> Hypertension, diabetes, heart disease, stroke, or depression? |

If you have answered **YES** to one or more of these questions, you may have a sleep disorder and require a sleep study.

