

Our Physician Team For Sleep Disorder Evaluation And Treatment.



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Are You Really Getting A Good Night's
Sleep? Take the sleep test and find out.

OUR LOCATION



Also located in the
Professional Center:

- Imaging Center
- Pain Center
- Sleep Disorders Center
- Pulmonary Nodule Clinic

THE SLEEP DISORDERS CENTER



Located on Highway 431 just south of the
Guntersville Cracker Barrel. The street address is
11491 US Highway 431, Albertville, Alabama 35950

256.894.6850

For more information or to download your
Pre-Visit Questionnaire please visit our website at
mmcenters.com and see *Sleep Disorders* under *Services*.



The Marshall Wound Healing Center is located on a tobacco-free
campus. Thank you for respecting the health of others.



Test the Quality of Your Sleep.

A good night's sleep is vital to physical and emotional well-being and directly affects the quality of your life. And yet one out of three Americans suffers from sleep disorders...many of whom suffer needlessly because they are unaware of the problem.

This simple test is designed to alert you to any problems resulting from poor quality sleep. If you have experienced any of the following symptoms in the last year, mark the box next to the question. Then check your score at the end of the quiz to determine if you could benefit from treatment.

1. I have difficulty falling asleep.
 2. Thoughts race through my mind and this prevents me from sleeping.
 3. I feel afraid to go to sleep.
 4. I wake up during the night and can't get back to sleep.
 5. I worry about things and have trouble relaxing.
 6. I wake up earlier in the morning than I would like to.
 7. I lie awake for half an hour or more before falling to sleep.
 8. I feel sad and depressed.
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9. I've been told that I snore.
 10. I've been told that I stop breathing while I sleep, although I don't remember this when I wake up.
 11. I have high blood pressure.
 12. My friends and family say they have noticed a change in my personality.
 13. I am gaining weight.
 14. I sweat excessively during the night.
 15. I have noticed my heart pounding or beating irregularly during the night.
 16. I get morning headaches.
 17. I have trouble sleeping when I have a cold.
 18. I suddenly wake up gasping for breath during the night.
 19. I am overweight.
 20. I seem to be losing my sex drive.

21. I feel sleepy during the day even though I slept through the night.
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22. I have had trouble concentrating at school or work.
 23. When I am angry or surprised, I feel like I'm going limp.
 24. I have fallen asleep while driving.
 25. I feel like I go around in a daze.
 26. I have experienced vivid dream-like scenes upon falling asleep or awakening.
 27. I have fallen asleep during physical effort.
 28. I feel like I am hallucinating upon falling asleep.
 29. I feel like I have to cram a full day into every hour to get anything done.
 30. I have fallen asleep when laughing or crying.
 31. I have trouble at work because of sleepiness.
 32. I have vivid nightmares soon after falling asleep.
 33. I fall asleep during the day.
 34. No matter how hard I try to stay awake, I fall asleep anyway.
 35. I feel unable to move when I am waking up or falling asleep.
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36. I wake up with heartburn.
 37. I have a chronic cough.
 38. I have to use antacids (Rolaids, Tums, etc.) almost every week for stomach trouble.
 39. I have morning hoarseness.
 40. I wake up at night coughing or wheezing.
 41. I have frequent sore throats.
 42. During the night, I suddenly wake up gasping for breath.
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43. Other than when exercising, I experience muscle tension in my legs.
 44. I have noticed (or others have commented) that parts of my body jerk.
 45. I have been told that I kick at night.
 46. I experience aching or "crawling" sensations in my legs.
 47. I experience leg pain during the night.

48. Sometimes I can't keep my legs still at night. I just have to move them.
49. I awaken with sore, achy muscles.
50. Even though I slept through the night, I still feel sleepy during the day.

Score Yourself

Questions 1-8

If you marked three or more boxes, you show symptoms of INSOMNIA – a persistent inability to fall asleep or stay asleep.

Questions 9-21

If you marked three or more boxes, you show symptoms of SLEEP APNEA – a life-threatening disorder which causes you to stop breathing repeatedly – often several times per night – during your sleep.

Questions 22-35

If you marked three or more boxes, you show symptoms of NARCOLEPSY – a lifelong disorder characterized by uncontrollable sleep attacks during the day.

Questions 36-42

If you marked two or more boxes, you show symptoms of GASTROESOPHAGEAL REFLUX – a disorder caused when acid from the stomach "backs up" into the esophagus during the night.

Questions 43-50

If you marked two or more boxes, you show symptoms of NOCTURNAL MYOCLONUS OR RESTLESS LEG SYNDROME, a disorder characterized by pain or "crawling" sensations in the legs.

Once detected, most sleep disorders can be corrected. If your answers to this quiz indicate symptoms of a sleep disorder, see your family doctor or one of the doctors listed on this brochure to determine if sleep disorder treatments could help.



Marshall Sleep Disorders Center is fully accredited by The Joint Commission and the American Academy of Sleep Medicine with services provided through Board Certified physicians.