Take this simple quiz to find out if you may be suffering from a sleep disorder or if you are at risk for developing a sleep-related condition. The quiz is based on the noted Epworth Sleepiness Test.

The following questions refer to your behavior while sleeping, trying to sleep, or while feeling sleepy. During the last month, have you had or have you been told you have the following:

Check the correct box below:

|  | Never <br> $(0)$ | Rarely, less <br> than once a <br> week <br> $(1)$ | $1-2 \times$ per <br> week <br> $(2)$ | $3-4 \times$ per <br> week <br> $(3)$ | $5-7 \mathrm{x}$ <br> per week <br> $(4)$ | Don't <br> know <br> $(888)$ |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Loud snoring |  |  |  |  |  |  |
| Snorting or gasping |  |  |  |  |  |  |
| Your breathing stops or <br> you struggle for breath |  |  |  |  |  |  |

The following questions refer to how sleepy you usually feel. In contrast to just feeling tired, how likely are you to doze off or fall asleep in the follow situations? (This refers to your usual life in recent times. Even if you have not done some of these things recently, try to recall how they have affected you.) Use the following scale to choose the most appropriate number for each situation:

$$
\begin{array}{ll}
\mathbf{0}=\text { Would never doze } & \mathbf{2}=\text { Moderate chance of dozing } \\
\mathbf{1}=\text { Slight chance of dozing } & \mathbf{3}=\text { High chance of dozing }
\end{array}
$$

| SITUATION: | CHANCE OF DOZING |
| :--- | :--- |
| Sitting and reading |  |
| Watching TV |  |
| Sitting inactive in a public place (i.e. theater or a meeting) |  |
| As a passenger in a car for an hour without a break |  |
| Lying down to rest in the afternoon when circumstances permit |  |
| Sitting and talking to someone |  |
| Sitting quietly after lunch without alcohol |  |
| In a car, while stopped for a few minutes in traffic |  |
| TOTAL |  |

If you scored higher than nine (9) points, you may be suffering from excessive daytime sleepiness or another sleep disorder. Please talk with your doctor about it as soon as possible.

## CONTACT US

For more information or to schedule an initial evaluation, please contact us at:

## Sleep Disorders Center

Conemaugh Memorial Medical Center - Lee Campus
321 Main Street, $6^{\text {th }}$ Floor
Johnstown, PA 15901
(814) 534-6450

Sleep Disorders Center
Conemaugh Miners Medical Center
290 Haida Avenue
Hastings, PA 16646
(814) 247-3100

Please note that a referral from your primary care physician or a specialist is required before making an appointment. Most insurance plans will cover sleep studies. However, it's always best to contact your insurance carrier before your first appointment to verify coverage benefits.

