

Spend 30 seconds to take our sleep quiz
– **gain** countless hours of **restful sleep.**

Sleep Medicine Center

Do you have a sleep disorder?

| | | |
|---|-----|----|
| 1. Do you snore? | Yes | No |
| 2. Does your snoring bother your spouse or others? | Yes | No |
| 3. Has anyone noticed that you hold your breath or move restlessly while sleeping? | Yes | No |
| 4. Do you feel fatigued or tired after a night of sleep? | Yes | No |
| 5. Do you feel sleepy during the day? | Yes | No |
| 6. Have you ever fallen asleep while driving? | Yes | No |
| 7. Have you ever been awakened from sleep with a feeling of choking or gasping for air? | Yes | No |
| 8. Are you irritable or having problems concentrating? | Yes | No |
| 9. Are you overweight? | Yes | No |
| 10. Do you have high blood pressure? | Yes | No |

If you answered “**yes**” to two or more questions, you may suffer from a sleep disorder.

Call **(513) 475-7500** to schedule an evaluation with our expert physicians.

Clifton

West Chester

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