

Self-Test A: What's My Sleep IQ?

Please indicate true or false for the following statements:

True False

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Newborns dream less than adults. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Men need more sleep than women. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Not everyone dreams every night. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. As you move from early to later adulthood you need less sleep. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. By playing audiotapes during the night, you can learn while you sleep. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Chocolate candies provided on your hotel pillow will help you sleep better. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. If you have insomnia at night, you should take a long nap during the day. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Sleeping pills are very helpful for people who have had insomnia for months. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Arousing a person who is sleepwalking can be very dangerous. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. A soft mattress is better than a hard one for obtaining good sleep. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. You are most alert when you first wake up. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. To promote optimal sleep the best time to exercise is early in the morning. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. A sound sleeper rarely moves during the night. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. A boring meeting, heavy meal, or low dose of alcohol can make you sleepy, even if you're not sleep-deprived. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Sleep before midnight is better than sleep that begins after midnight. |

Self-Test B: Am I Sleep-Deprived?

Please indicate true or false for the following statements:

True False

- ☐ ☐ 1. I need an alarm clock in order to wake up at the appropriate time.
- ☐ ☐ 2. It's a struggle for me to get out of bed in the morning.
- ☐ ☐ 3. Weekday mornings I hit the snooze button several times to get more sleep.
- ☐ ☐ 4. I feel tired, irritable, and stressed-out during the week.
- ☐ ☐ 5. I have trouble concentrating and remembering.
- ☐ ☐ 6. I feel slow with critical thinking, problem solving, and being creative.
- ☐ ☐ 7. I often fall asleep watching TV.
- ☐ ☐ 8. I often fall asleep in boring meetings or lectures or in warm rooms.
- ☐ ☐ 9. I often fall asleep after heavy meals or after a low dose of alcohol.
- ☐ ☐ 10. I often fall asleep while relaxing after dinner.
- ☐ ☐ 11. I often fall asleep within five minutes of getting into bed.
- ☐ ☐ 12. I often feel drowsy while driving.
- ☐ ☐ 13. I often sleep extra hours on weekend mornings.
- ☐ ☐ 14. I often need a nap to get through the day.
- ☐ ☐ 15. I have dark circles around my eyes.

Self-Test C: How Good Are My Sleep Strategies?

Please indicate true or false for the following statements:

True False

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I go to bed at different times during the week and on weekends, depending on my schedule and social life. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I get up at different times during the week and on weekends, depending on my schedule and social life. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. My bedroom is warm or often noisy. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. I never rotate or flip my mattress. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. I drink alcohol within two hours of bedtime. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. I have caffeinated coffee, tea, colas, or chocolate after 6 P.M. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. I do not exercise on a regular basis. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. I smoke. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. I regularly take over-the-counter or prescription medication to help me sleep. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. When I cannot fall asleep or remain asleep I stay in bed and try harder. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. I often read frightening or troubling books or newspaper articles right before bedtime. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. I do work or watch the news in bed just before turning out the lights. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. My bed partner keeps me awake by his/her snoring. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. My bed partner tosses and turns or kicks/hits me during his/her sleep. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. I argue with my bed partner in bed. |

Self-Test D: Might I Have a Sleep Disorder?

Please indicate true or false for the following statements:

True False

- ☐ ☐ 1. I have trouble falling asleep.
- ☐ ☐ 2. I wake up a number of times during the night.
- ☐ ☐ 3. I wake up earlier than I would like and have trouble falling back to sleep.
- ☐ ☐ 4. I wake up terrified in the middle of the night, but I don't know why.
- ☐ ☐ 5. I fall asleep spontaneously during the day in response to high arousal, such as when I hear a funny joke.
- ☐ ☐ 6. I have been told I snore loudly and stop breathing temporarily during sleep.
- ☐ ☐ 7. I walk or talk in my sleep.
- ☐ ☐ 8. I move excessively in my sleep.
- ☐ ☐ 9. I have hurt myself or my bed partner while I was sleeping.
- ☐ ☐ 10. I become very confused, afraid, and/or disoriented after sundown.
- ☐ ☐ 11. I cannot fall asleep until very late at night or cannot wake up in the morning.
- ☐ ☐ 12. I cannot stay awake early in the evening and I wake up before dawn.
- ☐ ☐ 13. I feel mild pain or a tingling sensation in my legs just before falling asleep.
- ☐ ☐ 14. I physically act out my dreams during the night.
- ☐ ☐ 15. I am often too anxious, depressed, or worried to fall asleep.

GUIDE TO THE DIAGNOSTIC SELF-TESTS

Self-test A reveals your general knowledge of sleep. All of the statements are false. If you scored poorly, don't worry—you've got plenty of company. Consider yourself very smart to be reading this book.

Self-test B checks to see if you are sleep-deprived. If you answered true to three or more of the fifteen items, you are probably not getting enough sleep. You are not alone. To find out more about the harm that sleep deprivation can cause, pay special attention to Chapter 4, "Sleep Need and Peak Performance."

Self-test C examines your sleep strategies. If you answered true to one or more of the questions, it is likely that at least one aspect of your lifestyle is interfering with your sleep. To learn what you can do to get a better night's sleep, turn to Chapter 5, "The Golden Rules of Sleep," and Chapter 6, "Twenty Great Sleep Strategies: How to Sleep Your Way to Success—Properly!"

Self-test D probes for problems that could indicate you have a sleep disorder. If you answered true to any of the questions, carefully read Chapter 13, "Insomnia and Beyond." Some sleep disorders are more serious than others and may require medical attention. If after further reading you decide to seek professional help, consult the list of sleep disorders centers in Appendix D.