Healthy Sleep Tips

• Stick to the same bedtime and wake up time, even on weekends
• Practice a relaxing bedtime ritual
• Avoid naps, especially in the afternoon
• Exercise daily
• Evaluate your bedroom
  • Sleep on a comfortable mattress and pillow
  • Make your bedroom as dark as possible when sleeping
• Get in the sunshine to help manage your circadian rhythms
• Avoid alcohol, cigarettes, and heavy meals in the evening
• Spend the last hour before bed doing a calming activity such as reading
• If you can’t sleep, go into another room and do something relaxing until you feel tired

How Lack of Sleep Can Affect You

Short term effects

• Decreased performance and alertness
• Memory and cognitive impairment
• Poor quality of life
• Increased risk of on-the-job injury
• Increased risk of being in an auto accident

Long term effects

• Obesity
• High blood pressure
• Heart attack
• Stroke
• Depression

Sleep is Important.
Call today 1-855-400 SLEEP (7533)
Learn Your Risk*

**CATEGORY I**
1. Do you snore?
   - [ ] Yes
   - [ ] No (skip to question 5)
   - [ ] I don’t know

2. If you snore, is your snoring...
   - [ ] Slightly louder than breathing
   - [ ] As loud as talking
   - [ ] Louder than talking
   - [ ] Very loud

3. How often do you snore?
   - [ ] Almost every night
   - [ ] 3-4 times a week
   - [ ] 1-2 times a week
   - [ ] Never or almost never

4. Does your snoring bother other people?
   - [ ] Yes
   - [ ] No

5. Has anyone noticed that you quit breathing during your sleep?
   - [ ] Almost every day
   - [ ] 3-4 times a week
   - [ ] 1-2 times a week
   - [ ] Never or almost never

**CATEGORY II**
6. Are you still tired after sleeping?
   - [ ] Almost every day
   - [ ] 3-4 times a week
   - [ ] 1-2 times a month
   - [ ] Never or almost never

7. Are you tired during wake time?
   - [ ] Almost every day
   - [ ] 3-4 times a week
   - [ ] 1-2 times a week
   - [ ] Never or almost never

8. Have you ever nodded off or fallen asleep while driving?
   - [ ] Yes
   - [ ] No

9. If yes to question 8, how often does it occur?
   - [ ] Every day
   - [ ] 3-4 times a week
   - [ ] 1-2 times a week
   - [ ] Never or almost never

**CATEGORY III**
10. Do you have high blood pressure?
    - [ ] Yes
    - [ ] No
    - [ ] I don’t know

*BMI = _______________________

**ASSESSMENT GUIDE**
* The Berlin Questionnaire is reproduced with permission of the American College of Physicians.

Category I Score = 2 or more **bolded** answers you have a high risk for a sleep disorder.
Category II Score = 2 or more **bolded** answers you have a high risk for a sleep disorder
Category III Score = A yes response and/or a BMI over 30 you have a high risk for a sleep disorder

If you scored High Risk in 2 or more of the categories, you should be evaluated by a sleep specialist.
The Kettering Health Network Sleep Centers have convenient locations close to where you live and work.
To learn more visit **ketteringhealth.org/sleep** or call **1-855-400-SLEEP** for an appointment.