

SLEEP

Do you feel you need a lot of sleep?	
Do you have trouble falling asleep at night?	
Do you wake up during the night?	
Do you have nervous, anxious or restless sleep?	
Do you have a tendency to go to bed late and get up late in the morning?	
Do you have difficulty waking up in the morning?	
Do you wake up too early with a heavy head in the morning?	
When you get up in the morning, are you fresh?	
Do you snore?	
Does your work involve unplanned/ shift timings?	

Your Score :

If you score ≥ 5 ; the its time for you to consult your doctor