Patient Name: _____   DOB:_____

Date: _____

SLEEPINESS SCORE:

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = would **never** doze   1 = **slight** chance of dozing
2 = **moderate** chance of dozing   3 = **high** chance of dozing

1. Sitting and reading   _____

2. Watching T.V.   _____

3. Sitting inactive in a public gathering   _____

4. As a passenger in a car for an hour without break   _____

5. Lying down in the afternoon circumstances permitting   _____

6. Sitting and talking to someone   _____

7. Sitting quietly after lunch not having consumed alcohol   _____

8. Driving a car that has stopped briefly at a red light   _____

TOTAL ____