

Sleep Questionnaire

Patient Name: _____ Date: _____

Use the following scale to choose the most appropriate number for each situation:

- 0** = would never doze or sleep
- 1** = slight chance of dozing or sleeping
- 2** = moderate chance of dozing or sleeping
- 3** = high chance of dozing or sleeping

Situation	Chance of Dozing or Sleeping
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place	_____
Being a passenger in a motor vehicle for an hour or more	_____
Lying down in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after lunch (no alcohol)	_____
Stopped for a few minutes in traffic while driving	_____
Total score (add the scores up)	_____