

**Name** (last, first) \_\_\_\_\_

**Date** \_\_\_\_\_ **RUMC MR#** \_\_\_\_\_

**DOB** (mm/dd/yyyy) \_\_\_\_\_ **Gender**  Male  Female

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't 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

<b>Situation</b>	<b>Chance of dozing</b>
Sitting and reading .....	<input type="text"/>
Watching TV .....	<input type="text"/>
Sitting, inactive in a public place (e.g. a theatre or a meeting) .....	<input type="text"/>
As a passenger in a car for an hour without a break .....	<input type="text"/>
Lying down to rest in the afternoon when circumstances permit .....	<input type="text"/>
Sitting and talking to someone .....	<input type="text"/>
Sitting quietly after a lunch without alcohol .....	<input type="text"/>
In a car, while stopped for a few minutes in the traffic .....	<input type="text"/>
Total .....	<input type="text"/>

Score:  
 0-10 Normal range  
 10-12 Borderline  
 12-24 Abnormal

\_\_\_\_\_ **Patient Signature**