



**PATIENT INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**HOW LIKELY ARE YOU TO FALL ASLEEP IN THE FOLLOWING SITUATIONS?**

**0** ZERO  
CHANCE

**1** SLIGHT  
CHANCE

**2** MODERATE  
CHANCE

**3** HIGH  
CHANCE

**PLEASE READ THE QUESTIONS BELOW AND CIRCLE THE APPROPRIATE NUMBER.**

|   |   |   |   |   |
|---|---|---|---|---|
| SITTING AND READING                             | 0 | 1 | 2 | 3 |
| WATCHING TELEVISION                             | 0 | 1 | 2 | 3 |
| SITTING INACTIVE IN A PUBLIC PLACE              | 0 | 1 | 2 | 3 |
| PASSENGER IN A CAR FOR ONE HOUR WITHOUT A BREAK | 0 | 1 | 2 | 3 |
| LYING DOWN TO REST IN THE AFTERNOON             | 0 | 1 | 2 | 3 |
| SITTING AND TALKING TO SOMEONE                  | 0 | 1 | 2 | 3 |
| SITTING QUIETLY AFTER LUNCH (NO ALCOHOL)        | 0 | 1 | 2 | 3 |
| IN A CAR, STOPPED FOR A FEW MINUTES IN TRAFFIC  | 0 | 1 | 2 | 3 |

**IN THE LAST 12 MONTHS HAVE YOU FALLEN ASLEEP WHILST DRIVING?**

YES

NO

**TOTAL SCORE:**