



Date:

Name:

Date of Birth:

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

Situation

Chance of Dozing

Sitting and reading	<input type="text"/>
Watching television	<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"/>
Laying 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 Score

Score Interpretation

0 - 10 Normal Range 10 - 12 Borderline 12 - 24 Abnormal