



PATIENT NAME: _____

DATE: _____

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.

Please note that this scale should not be used to make your own diagnosis. It is intended as a tool to help you identify your own level of daytime sleepiness, which can be a symptom of a sleep disorder.

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	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (i.e., movie theater or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
In a car while stopped for a few minutes in traffic	0	1	2	3

Total Score: _____

If your total score is 10 or higher, consider discussing these results with your physician or other health care provider. You might also wish to seek sleep services in your community for an accurate diagnosis and, if appropriate, effective treatment of an underlying sleep disorder.