How likely are you to fall asleep or doze during the circumstances listed below? This refers to your most

recent memory. Even if you have not done some of these things recently, please estimate how you would react to them to the best of your knowledge. Use the most appropriate number below to describe your reaction.

|  |
| --- |
| **Key** |
| **0= Would Never Fall Asleep** **1= Slight Chance of Falling Asleep** **2= Moderate Chance of Falling Asleep****3= High Chance of Falling Asleep**  |

|  |  |
| --- | --- |
| **Activity**  | **Chance of Dozing**  |
| Sitting and Reading: |  |
| Watching TV or a video |  |
| Sitting inactive in a public place (theater, or a meeting) |  |
| As a passenger in a car for an hour without a break: |  |
| Sitting and talking to someone: |  |
| Sitting quietly after lunch, without alcohol: |  |
| In a car, while stopped in traffic:  |  |
| Lying down to rest in the afternoon when the circumstances allow it: |  |
| **Total Score:** |  |
|  |  |
| **Have you been in a Sleep related car accident?**  | Yes / No |