

Name:.....Date:.....
 Address:

Telephone:

Sex: Male / Female Date of Birth:.....

How likely are you to doze off or fall asleep in the situations described in the box 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

Situation	Chance of dozing
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (eg a theatre or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
TOTAL:	

1 - 6	Congratulations, you are getting enough sleep!
7 - 8	Your score is average
9 and up	Seek the advice of a sleep specialist without delay

