

Name: _____

Date: _____

LAKEVIEW HEALTHCARE SYSTEM

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. 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

Chance of Dozing:

Situation:

Sitting and reading

Watching TV

Sitting inactive in a public place
(e.g., a theater or a meeting)

As a passenger in a car for an hour without
a break

As a driver in a car, while stopped in traffic

Lying down to rest in the afternoon when
circumstances permit

Sitting and talking to someone

Sitting quietly after a lunch without alcohol