



NH
NORTHSIDE HOSPITAL
SLEEP DISORDERS CENTER

AFFIX PATIENT LABELS OVER THIS BOX
 ↓ BAR CODE MUST FALL BETWEEN THESE LINES ↑

Patient Name: _____

Gender (circle one): Male Female Age: _____

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling 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 decide how you would react to these situations. Use the following scale to choose the most appropriate number for each one.

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

<u>SITUATION</u>	<u>CHANCE OF DOZING (circle one)</u>			
Sitting and reading.	0	1	2	3
Watching TV.	0	1	2	3
Sitting, inactive in a public place (e.g., 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
Sitting quietly after lunch without alcohol.	0	1	2	3
In a car, while stopped for a few minutes in traffic.	0	1	2	3

TOTAL SCORE: _____

AVERAGE AMOUNT OF SLEEP PER NIGHT: _____

SIGN HERE: Completed by: _____ Date/Time: _____

Reviewed by: _____ Date/Time: _____