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Breathe, Sleep, Live and Hear.... Better

Sleep Questionnaire

Patient Name: _____ Date: _____

Use the following scale to choose the most appropriate number for each situation:

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

<u>Situation</u>	<u>Chance of Dozing or Sleeping</u>
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place	_____
Being a passenger in a motor vehicle for an hour or more	_____
Lying down in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after lunch (no alcohol)	_____
Stopped for a few minutes in traffic while driving	_____
Total score (add the scores up)	_____

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