

Use the following scale to describe your chance of dozing off. Circle the number that best describes your situation

**0 = No chance of dozing 1 = Slight chance of dozing
2 = Moderate chance of dozing 3 = High chance of dozing**

SITUATION	CHANCE OF DOZING			
Sitting and Reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place like the theatre	0	1	2	3
As a car passenger for an hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopping for a few minutes in traffic	0	1	2	3

RESULT	INDICATION
Less than 10	<p><u>You are most likely getting enough sleep</u></p> <p>However, if you have noticed a change in your normal sleep routine, you may want to discuss this with your doctor.</p>
10 – 16	<p><u>You may be suffering from excessive daytime sleepiness</u></p> <p>You should see your doctor to determine the cause of your sleepiness and possible treatment. Your doctor may refer you to the Sleep Apnea Specialty Centers for sleep testing.</p>
16+	<p><u>You are dangerously sleepy</u></p> <p>It is imperative that you see your doctor to determine the cause of sleepiness, and to investigate the treatment as soon as possible. Your doctor can refer you to the Sleep Apnea Specialty Centers to assist in your diagnosis.</p>

If you are concerned about your score, please share this information with your doctor – make sure you describe all your symptoms as clearly as possible to help in your diagnosis and treatment. You may want to print off this questionnaire and take the results to your physician, or call us at 734.844.6042 or 734.285.4145 to make an appointment with your sleep specialist.