

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

It has been accepted by the medical profession that sleep disorders have been widely unrecognized and under diagnosed. The medical conditions that result from non-treatment can be far ranging. If you have any questions about this issue please feel free to ask any one of our staff.

In the meantime, please take a few minutes to answer these questions.

Y / N 1. Have you or anyone you know been told you snore or have any trouble breathing at night?

Y / N 2. Have you been diagnosed with a sleep disorder?

Y / N 3. Do you have a CPAP machine?

Y / N 4. Do you wear it?

### How Sleepy Are You?

How likely are you to doze off or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. For each situation, decide whether or not you would have:

0= No chance of dozing

1= Slight chance of dozing

2= Moderate chance of dozing

3=High chance of dozing

Write down the number corresponding to your choice in the right hand column. Total your score below.

Situation	Chance of Dozing ( 0 - 3)
Sitting and reading	
Watching TV	
Sitting inactive in a public place (ex: a theater or meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstance permits	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

**Total Score =** \_\_\_\_\_

Analyze Your Score:

0-7 : It is unlikely that you are abnormally sleepy.

8-9 : You have an average amount of daytime sleepiness.

10-15: You may be excessively sleepy depending on the situation. You may want to consider seeking medical attention.

16-24: You are excessively sleepy and should consider seeking medical attention.