



## SLEEP QUESTIONNAIRE

### Follow-Up Appointments

#### Instructions:

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. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate option for each situation.

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
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				
Lying down to rest in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after a lunch without alcohol				
In a car while stopped for a few minutes in the traffic.				

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