Name:	Date of birth:	Today's date:
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:

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

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

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 traffic	•

Total score =	
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Name: Date of Birth: Today's date:

We are interested in learning wether or not you affected by FATIGUE. Please circle the number below that describes your fatigue in the past 2 weeks.

