

Daytime Sleepiness Questionnaire

Please rate your chances of falling asleep or dozing in the following situations:	
Sitting and reading: (circle one)	Never / Slight / Moderate / High
Watching television: (circle one)	Never / Slight / Moderate / High
Sitting inactive in a public place (movie or meeting): (circle one)	
	Never / Slight / Moderate / High
As a passenger in a car for an hour without a break: (circle one)	
	Never / Slight / Moderate / High
Lying down to rest in the afternoon: (circle one) Never / Slight / Moderate / High	
Sitting and talking to someone: (circle one)	Never / Slight / Moderate / High
Sitting quietly after lunch (without alcohol): (circle one) Never / Slight / Moderate / High	
In a car, while stopped in traffic: (circle one)	Never / Slight / Moderate / High
Total: (Never=0 / Slight=1 / Moderate=2 / High=3; > or = 10 suggest hypersomnolence)	
STOP Questionnaire for OSA	
(If yes for two or more at high risk for OSA)	
Do you <u>Snore</u> loudly (louder than talking or loud enough to be heard through closed doors)?	
Do you often feel <u>Tired</u> , fatigued, or sleepy dur	ing the daytime? 膏 no 膏yes
Has anyone Observed you stop breathing during	ng your sleep? 🚔 no 🚔 yes
Do you have or are you being treated for high I	Blood <u>Pressure</u> ? ⊜ no ⊜yes

Name:_____

_____ DOB:_____ Date____