

## **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 Snore loudly (louder than talking or loud enough to be heard through closed<br/>doors)?no yesDo you often feel Tired, fatigued, or sleepy during the daytime?noHas anyone Observed you stop breathing during your sleep?noyesDo you have or are you being treated for high Blood Pressure?noyes