

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
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