



# Tampa Bay Sleep Center

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

How likely are you to doze off or fall asleep in the following scenarios, in contrast to just feeling tired? This refers to your current lifestyle.

If you have not done some of these things recently, try to think about how they would affect you.

Use the following scale to choose the *most appropriate* number for each situation:

**0** = would **never** doze

**1** = **slight** chance of dozing

**2** = **moderate** chance of dozing

**3** = **high** chance of dozing

## Situation

1. \_\_\_\_\_ Sitting and reading
2. \_\_\_\_\_ Watching TV
3. \_\_\_\_\_ Sitting inactive in a public place (example: movie theatre or meeting)
4. \_\_\_\_\_ As a passenger in a car for an hour, without a break
5. \_\_\_\_\_ Lying down to rest in the afternoon, when circumstances permit
6. \_\_\_\_\_ Sitting and talking to someone
7. \_\_\_\_\_ Sitting quietly after lunch (when alcohol has not been consumed)
8. \_\_\_\_\_ In a car, while stopped in traffic for a few minutes

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