



Sleep Assessment Tool

Last Name: _____ First Name: _____
Date: _____ DOB: _____
Location: _____ Results: _____

Instructions

Please answer all questions, add the total values of each question according to the key attached, and place your result in the table above.

- 1) **While reading there is ...**
 - a. No chance of dozing
 - b. Slight chance of dozing
 - c. Moderate chance of dozing
 - d. High chance of dozing

- 2) **While watching TV there is ...**
 - a. No chance of dozing
 - b. Slight chance of dozing
 - c. Moderate chance of dozing
 - d. High chance of dozing

- 3) **While sitting inactively in public (e.g., in a theater or meeting) ...**
 - a. No chance of dozing
 - b. Slight chance of dozing
 - c. Moderate chance of dozing
 - d. High chance of dozing

- 4) **As a car passenger for an hour or longer ...**
- a. No chance of dozing
 - b. Slight chance of dozing
 - c. Moderate chance of dozing
 - d. High chance of dozing
- 5) **While lying down to rest when circumstances permit ...**
- a. No chance of dozing
 - b. Slight chance of dozing
 - c. Moderate chance of dozing
 - d. High chance of dozing
- 6) **While sitting and talking with someone ...**
- a. No chance of dozing
 - b. Slight chance of dozing
 - c. Moderate chance of dozing
 - d. High chance of dozing
- 7) **While sitting quietly after lunch (without having alcoholic beverages) ...**
- a. No chance of dozing
 - b. Slight chance of dozing
 - c. Moderate chance of dozing
 - d. High chance of dozing
- 8) **In a car, while stopped for a few minutes in traffic ...**
- a. No chance of dozing
 - b. Slight chance of dozing
 - c. Moderate chance of dozing
 - d. High chance of dozing
 - a. No chance of dozing

Key

For each question, the answers are worth the following amounts:

a	0
b	1
c	2
d	3

Results Explanation

0-6	Congratulations, you are getting enough sleep.
7-8	Your score is average.
9-24	Please make an appointment to talk to your physician.