

Rocky Mountain ENT

700 W. Kent - Missoula, MT 59801- (406) 541-3277 (EARS) 1-800-255-8698 - www.rockymountainentcenter.com

Patient Name: _____ Date: _____

Sleep Center Consultant: _____

How likely are you to dose off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Using the following scale:

- 0 = Would never doze**
- 1 = Slight chance of dozing**
- 2 = Moderate chance of dozing**
- 3 = High chance of dozing**

- Circle The Most Appropriate Number For Each Situation -

SITUATION:

CHANCE OF DOZING

Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive, in a public place such as a theater or meeting	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

Score _____

Height _____ Weight _____ lbs.