

# SLEEP TENDENCY SCALE

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

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

How likely are you to fall asleep or doze during the circumstances listed below? This refers to your most recent memory. Even if you have not done some of these things recently, please estimate how you would react to them to the best of your knowledge. Use the most appropriate number below to describe your reaction.

- Key:**
- 0= No chance of dozing**
  - 1= Slight chance of dozing**
  - 2= Moderate chance of dozing**
  - 3= High chance of dozing**

| Situations  | Chance of Dozing: <b>Circle ONE</b> |
|---|-------------------------------------|
| Sitting and Reading.....  | 0 1 2 3                             |
| Watching TV.....  | 0 1 2 3                             |
| Sitting inactive in a public place (theater, or a 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 the circumstances allow it | 0 1 2 3                             |
| Sitting and talking to someone.....                                 | 0 1 2 3                             |
| Sitting quietly after lunch, without alcohol.....                   | 0 1 2 3                             |
| In a car, while stopped for a few minutes in traffic.....           | 0 1 2 3                             |
|   | <b>Total Score</b> _____            |