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Sleep Habits/Apnea Questionnaire

Please answer the following questions as applies to you recently. If you have not done any of these activities recently, try to work out how they would have affected you. Please use the scale provided to select the most appropriate number.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

Situation:

Chance of Dozing:

- Sitting and reading _____
- Watching T.V. _____
- Sitting, inactive in a public place (Theatre or Meeting) _____
- As a passenger in a car for an hour without a break _____
- Lying down to rest in the afternoon when circumstances permit _____
- Siting and talking to someone _____
- Sitting quietly after a lunch without alcohol _____
- In a car while stopped for a few minutes in traffic _____

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing