

Questionnaire on the daytime weakness

date: _____

Name, birth date

Dear patient,

The following questions refer to your normal everyday life in recent times.

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

Even if you have not done some of these things recently, try to work out how they would have affected 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	Chance of dozing			
sitting and reading	0	1	2	3
watching TV	0	1	2	3
Sitting inactive in a public place (e.g. a theatre 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
sum				