



The Institute for Respiratory and Sleep Medicine

SLEEPINESS SCALE

Name: _____ Date: ____/____/____

Age: _____ Sex: Male ____ Female ____

How likely are you to doze 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. Use the following scale to choose the most important number for each situation.

SCORING

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

Situation:

- | | |
|--|--------------|
| 1. Sitting and reading | Score: _____ |
| 2. Watching television | Score: _____ |
| 3. Sitting inactive in a public place (a theater or meeting) | Score: _____ |
| 4. As a passenger in a car for an hour without a break | Score: _____ |
| 5. Lying down to rest in the afternoon when circumstances permit | Score: _____ |
| 6. Sitting and talking to someone | Score: _____ |
| 7. Sitting quietly after lunch without alcohol | Score: _____ |
| 8. In a car, while stopped for a few minutes in traffic | Score: _____ |

Total score: _____

1000 Floral Vale Blvd
Suite 125
Yardley, PA 19067
P: (267) 759-6300
F: (215) 757-0604

Howard J. Lee, MD | Richard D. Shusterman, MD
Bruce D. Dershaw, MD | Peter C. Serpico, DO
Rudolf Khusid, MD | Thomas Drames, DO
Mitchell D. Jacobs, MD | Mark Benjamin, MD

2630 Holme Ave
Suite 104
Philadelphia, PA 19152
P: (215) 332-9095
F: (215) 333-8903

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