



Sleep Apnea Quiz Instructions

Name: _____

Date: _____

Phone/Email: _____

Check the icon that best represent your likeliness of dozing off in the following situations. Then print this page and this page and bring it with you to your next appointment.

As a passenger in a car for an hour without break

- None
- Slight Chance
- Moderate Chance
- High Chance

In a car, while stopped for a few minutes in traffic

- None
- Slight Chance
- Moderate Chance
- High Chance

Lying down to rest in the afternoon when circumstances permit

- None
- Slight Chance

Moderate Chance

High Chance

Sitting and reading

None

Slight Chance

Moderate Chance

High Chance

Sitting and talking to someone

None

Slight Chance

Moderate Chance

High Chance

Sitting inactive in a public place (e.g. a theater or a meeting)

None

Slight Chance

Moderate Chance

High Chance

Sitting quietly after a lunch without alcohol

None

- Slight Chance
- Moderate Chance
- High Chance

Watching TV

- None
- Slight Chance
- Moderate Chance
- High Chance