

Drowsiness Measurement Survey

Study Eligibility:

Does your current job have a contractual obligation for hours of sleep (for example, an airline pilot)?

Stanford Sleepiness Scale:

Degree of Sleepiness	Scale Rating
Feeling active, vital, alert, or wide awake	1
Functioning at high levels, but not at peak; able to concentrate	2
Awake, but relaxed; responsive but not fully alert	3
Somewhat foggy, let down	4
Foggy; losing interest in remaining awake; slowed down	5
Sleepy, woozy, fighting sleep; prefer to lie down	6
No longer fighting sleep, sleep onset soon; having dream-like thoughts	7
Asleep	X

Using the Stanford Sleepiness Scale as a reference, what is your current degree of sleepiness?

1 2 3 4 5 6 7 8

Epworth Sleepiness Scale

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 haven't done some of these things recently try to work out how they would have affected you.

	Would Never Doze	Slight Chance of Dozing	Moderate Chance of Dozing	High Chance of Dozing
Sitting and reading				
Watching TV				
Sitting, inactive in a public place (e.g. a theatre or a meeting)				
As a passenger in a car for an hour without a break				
Lying down to rest in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after a lunch without alcohol				
In a car, while stopped for a few minutes in the traffic				

In the past two hours have you consumed any of the following?	Yes/No
Coffee	
Tea	
Caffeinated Soda	
Any other Caffeinated Beverage	

How many hours ago did you last eat?

Approximately how many hours of sleep have you gotten in the past 24 hours?

Approximately how many hours of sleep have you gotten in the past 48 hours?

Approximately how many hours of sleep have you gotten in the past week?

How many hours has it been since you awoke from your last sleep? In other words, how many consecutive hours have you been awake?

How many nights in this past week have you gotten at least 7 hours of sleep between the hours of 11 pm and 7 am?

Do you have regular loud snoring?

Has anyone witnessed you showing the triad of sleep apnea symptoms: episodes of choking and breathing pauses during sleep and regular loud snoring?

Have you ever driven a car?

Name:

Age:

<input type="checkbox"/>	18-25	<input type="checkbox"/>	26-35	<input type="checkbox"/>	36-45	<input type="checkbox"/>	46-55	<input type="checkbox"/>	56-65
<input type="checkbox"/>	66-75	<input type="checkbox"/>	76-85	<input type="checkbox"/>	86+				

Sex:

Ethnicity:

Date:

Time:
