

Pre-test

Demographic Information

Please fill out the following information. All surveys are confidential.

Date of SAFER presentation:

Age: _____ Gender: _____

Professional Status (check one):

Medical Student ___ (year)___

Resident ___ (year/specialty)_____

Faculty ___ (year of medical school
graduation/specialty)_____

Community-based ___ Hospital-based ___ Full-
time ___ Part-time ___

Residency Program Director ___ (specialty)_____

Hospital Administrator ___ (position)_____

Other (please
specify)_____

Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations? (in contrast to just feeling tired). Please refer 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.

Situation	<i>Would never doze</i>	<i>Slight chance of dozing</i>	<i>Maderte chance of dozing</i>	<i>High chance of dozing</i>
1. Sitting and reading	0	1	2	3
2. Watching TV	0	1	2	3
3. Sitting and inactive in a public place (theater or meeting)	0	1	2	3
4. As a passenger in a car for an hour without a break	0	1	2	3
5. Lying down to rest in the afternoon when circumstances permit	0	1	2	3
6. Sitting and talking to someone	0	1	2	3
7. Sitting quietly after lunch (without alcohol)	0	1	2	3
8. In a car, while stopped for a few minutes in the traffic	0	1	2	3
	0	1		
Add up your numbers to 1-8 and put sum here (range 0 to 25)				
9. Grand rounds or noon conferences	0	1	2	3
10. Writing up a patient history and physical	0	1	2	3
11. Talking on the telephone	0	1	2	3
12. Preparing for a presentation	0	1	2	3
Add up your numbers to 9-11 and put the sum here (range 0 to 12)				