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| **✓** | Choose the one statement from the nine below that best describes your sleepiness during the previous 5 minutes. Place a check mark in the appropriate cell. |
|  | 1. Extremely alert |
|  | 2. Very alert |
|  | 3. Alert |
|  | 4. Rather alert |
|  | 5. Neither alert nor sleepy |
|  | 6. Some signs of sleepiness |
|  | 7. Sleepy, but no effort to keep awake |
|  | 8. Sleepy, some effort to keep awake |
|  | 9. Very sleepy, great effort keeping awake, fighting sleep |