
Worksheet 5b. My Daytime

Think about **the past two weeks** (Chapter 5). Tick what is true for you. This sheet gives no score and can't diagnose anything.

- ☐ I feel drowsy, with heavy eyelids, **while driving or operating machinery**.
- ☐ I wake with a **headache**, a dry mouth, or the sense that I haven't slept.
- ☐ I need coffee or energy drinks to get through the morning, and I need more than I used to.
- ☐ I sleep enough hours by the clock but wake as tired as when I lay down.
- ☐ I've been told my blood pressure is high, or I take blood pressure medicine.
- ☐ I've gained noticeable weight in recent years, or my collar or waist size has gone up.

Reading it:

- **First line ticked:** a safety flag. Don't drive when drowsy; see a doctor soon.
- **Two or more lines:** Lane 2. Take this sheet and Worksheet 5a to your appointment and ask: "Should I be assessed for sleep apnoea?"
- **None or one:** nothing is ruled out; if your sleep follows your circumstances, see Volume 3.

Only a sleep study, at home or in a sleep lab, can confirm sleep apnoea.