

**KNOW YOUR SLEEP**

Write Yes or No and describe even more, this is for you !

**Did you ever fall asleep at the wheel or did you ever experience a near-miss or an accident when driving home after your night shift ?**

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**Could a lack of concentration have serious consequences in your job ?**

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**Among the sleep and alertness difficulties identified in the questionnaire, are there some that you find especially important for you?**

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